



Eric S. Yao, DDS, MAGD

Dedicated Dental Care for Your Family's Good Health

PATIENT INFORMATION

Patient Name _____ Date of Birth _____ Gender: Male Female
 Social Security No. _____
 Marital Status: Single Married Widowed Separated /Divorced Partner
 Spouse's Name & Phone No. _____
 Home Address _____
 Billing Address (if different) _____
 E-mail Address _____
 Home Phone _____ Cell Phone _____ Cell Phone Text Capable? _____
 Occupation _____ Company Name _____ Work Phone _____
 Which Phone Numbers would you like us to contact you? Home Cell Work
 May we leave a detail message on your Home Cell Work None
 Emergency Contact Name _____ Telephone _____
 Relationship: _____
 How did you hear about us?
 Existing patient of practice, Referred by _____
 Internet/Web Search Office Website
 1-800- DENTIST Others, please list _____

Person Responsible for This Account

Patient OR Other
 If you check "Other", please provide the following information about the responsible person.
 Name _____ Social Security No. _____
 Date of Birth _____ Relationship to Patient _____
 Home Address _____
 Home Phone _____ Cell Phone _____ E-mail _____
 Occupation _____ Company Name _____ Work Phone _____

Primary Insurance

Insurance Company _____ Group / Policy No. _____
 Subscriber's Name _____ Date of Birth _____
 Social Security No. _____
 Address _____
 Subscriber's Employer _____ Address _____

Secondary Insurance

Insurance Company _____ Group / Policy No. _____
 Subscriber's Name _____ Date of Birth _____
 Social Security No. _____
 Address: _____
 Subscriber's Employer _____ Address _____