



Eric S. Yao, DDS, MAGD

Dedicated Dental Care for Your Family's Good Health

CHILD PATIENT INFORMATION

Child's Name _____ Gender _____ Date of Birth _____

Home Address _____

Home Phone _____ Emergency Contact & Phone #(other than parent) _____

Father's Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Social Security # _____

Father's E-mail address _____

Mother's Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Social Security # _____

Mother's E-mail address _____

INSURANCE INFORMATION

Primary Subscriber _____ Employer _____

Insurance Company _____ Group # _____

Secondary Subscriber _____ Employer _____

Insurance Company _____ Group # _____

AUTHORIZATION

I have reviewed the information on both sides of this form and it is accurate to the best of my knowledge. I authorize Eric S. Yao, DDS, PLLC and staff to take x-rays, study models, photographs, or any diagnostic aids deemed necessary for Eric S. Yao, DDS, PLLC and staff to perform treatment as necessary. I understand that the use of dental anesthetic agents can involve risk. I authorize the release of my dental records from Eric S. Yao, DDS PLLC to individuals involved in my dental care. I further authorize individuals involved in my dental care to release to Eric S. Yao, DDS, PLLC any information pertaining to my dental care.

FINANCIAL AGREEMENT

All charges for treatment are my responsibility regardless of insurance coverage. I authorize payment of insurance benefits to Eric S. Yao, DDS, PLLC.

1.0% per month interest is charged (12% annual) on all accounts 60 days past due with a minimum charge of \$1.

Parent/Guardian Signature

Relationship

Date