



706 North Azusa Avenue, Azusa, CA 91702
 Telephone Number (626) 334 7310
 Fax Number (626) 334 7311

Name (Last, First)	Sex	Birth Date	Social Security	Marital Status	Payment Method
1.	M F			S M D W	() Insurance () Cash () Other
2.	M F			S M D W	() Insurance () Cash () Other
3.	M F			S M D W	() Insurance () Cash () Other
4.	M F			S M D W	() Insurance () Cash () Other
5.	M F			S M D W	() Insurance () Cash () Other
6.	M F			S M D W	() Insurance () Cash () Other

Home Address: _____
 (Street) (City) (State) (Zip)

Home Telephone: _____ Cellular Phone _____ Other: _____

Emergency Contact: _____
 (Name) (Telephone Number)

Primary Insurance: _____ Secondary Insurance: _____

Insured Name: _____ Insured Name: _____

Employer's Name: _____ Telephone _____

How did you hear about our office: _____

What time of the day would you like your dental appointments scheduled: _____

Signature: _____ Date: _____
 (Patient, Parent or Guardian)