BRIAN KONG, DDS DOUGLAS KONG, DDS GLENN LEE, DDS

cosmetic and family dentistry

Welcome!

Thanks for choosing our office for your dental needs. Please fill out this form completely.

Patient Information (Confidential)

Name (First Last)

Preferred (nick) name

Birthdate

Check appropriate box:

☐ Minor ☐ Single ☐ Married ☐ Divorced

SS#/SIN

Street address

Street address line 2

City

State

Zip code

Home phone

Work phone

Cell phone

E-mail address

Whom may we thank for referring you?

Responsible Party

☐ Same as above

Name of person responsible for this account

Relationship to patient

Street address

Street address line 2

City

State

Zip code

Home phone

Work phone

Cell phone

Employer

SS#/SIN

Insurance Information

Name of Insured

Relationship to patient

SS#/SIN

Birthdate

Name of employer

Insurance Company

Group number

Policy number

Insurance company address

Union or Local #

City

State

Zip code

Do you have additional insurance? If yes, please complete the following:

Name of Insured

Relationship to patient

SS#/SIN

Birthdate

Name of employer

Insurance Company

Group number

Policy number

Insurance company address

Union or Local #

City

State

Zip code

Would you like to receive e-mail or text message appointment reminders?

○ e-mail ○ text message ○ both ○ none

e-mail

Print