Dr. Kathy Cosmetic Dentistry ❖ **6325 Topanga Canyon Blvd Ste 504** ❖ **Woodland Hills, CA 91367** ❖ **818-347-1550**

PATIENT INFORMATION

PATIENT

First Name: _____ MI: ___ Last: _____ Nick Name: _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address: _____ City: _____ State: _____ Zip: _____

How long at current address? _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ Age: _____ ☐ Male ☐ Female SS#: _____

E-mail Address: _____ Facebook: _____ Twitter: _____

EMERGENCY CONTACT

Emergency Contact: _____ Relationship: _____ Phone: _____

RESPONSIBLE PARTY (If same as above, please skip)

First Name: _____ MI: ___ Last: _____ Nick Name: _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed

How long at current address? _____ Relationship to patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ Age: _____ ☐Male ☐ Female SS#: _____

EMPLOYMENT

Employer name and address: _____

Occupation: _____ Length of Employment: _____

PRIMARY DENTAL INSURANCE ☐ PPO ☐ HMO

Plan Name: _____ Phone #: _____

Group #: _____ Plan#: _____ Union/Local: _____

Address: _____ City: _____ State: _____ Zip: _____

Insured Name: _____ Birthdate: _____ SSN# _____

Relationship to patient: _____

SECONDARY DENTAL INSURANCE ☐ PPO ☐ HMO

Plan Name: _____ Phone #: _____

Group #: _____ Plan#: _____ Union/Local: _____

Address: _____ City: _____ State: _____ Zip: _____

Insured Name: _____ Birthdate: _____ SSN# _____

Relationship to patient: _____

GETTING TO KNOW YOU

How did you hear about our office? _____

Whom may we thank for you referring you? _____

- ***INSURANCE PATIENTS:*** *As a courtesy, we file your insurance for you and allow 30 days for insurance payment on your account. On the day of service we will collect only a portion of the fee charged for services rendered. Any balance left on the account after the insurance payment is received is the responsibility of the financial guarantor.*

_____ _____

Signature of Patient or Responsible Party, Parent/Guardian if Minor **Date**