

Welcome to your Friendly Neighborhood Orthodontist!

New Patient Information for Dr. Andrew Chen

Date _____
Name (Last, First) _____
Address _____ Apt.# _____
City _____ State _____ Zip _____
Phone () _____ Mobile () _____
Work () _____ SS# _____
Email _____
Age: _____ Birthdate _____

Responsible Party (Leave blank if Self)

Name (Last, First) _____
Relationship to Patient _____
Address _____ Apt.# _____
City _____ State _____ Zip _____
Phone () _____ Mobile () _____
Work () _____ SS# _____
Age: _____ Birthdate _____

Patient's or Parent/Guardian's Employment Info

Occupation _____ Employer _____
Employer Address _____
City _____ State _____ Zip _____

Person to Contact for Emergency:

Name (Last, First) _____
Relationship _____ Phone () _____
Physician's Name _____
Physician's Phone () _____

Dental Insurance (Provide card to Receptionist)

Primary: PPO / HMO / No Insurance

Subscriber Name _____
Subscriber SS# _____ Birthdate _____
Company _____ Group # _____
Address _____
City _____ State _____ Zip _____
Insurance Phone # _____

Secondary: PPO / HMO

Subscriber Name _____
Subscriber SS# _____ Birthdate _____
Company _____ Group # _____
Address _____
City _____ State _____ Zip _____
Insurance Phone # _____

Getting to know you

Do you have family/friends who may need orthodontic care? If so, please list name and relationship: _____

How did you hear about us? (Please check)

- Family/Friend TV / Radio
- Co-worker Promo/Coupon
- Magazine Internet/Website
- Banners/Signs Walk-In
- Insurance Dentist

Referred By _____

School _____

Hobbies/Interests

