

# Welcome!

Dr Lakani Dental Care

Today's Date: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Other # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am: a minor • Single • Married • Other The best time to contact me is: Morning • Afternoon

Email Address: \_\_\_\_\_

☐ Please check this box if you would like to receive special offers and information via e-mail

Whom may we thank for referring you? \_\_\_\_\_

Person to call in case of emergency \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

## Responsible Party

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone # \_\_\_\_\_

## Insurance Information

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Insurance phone # \_\_\_\_\_

SSN or ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Do you have additional Insurance? If so, please complete the following...**

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Insurance phone # \_\_\_\_\_

SSN or ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_