El Paso Viva Dental

Dr. Steve Yi, DDS

PATIENT INFORMATION Date: _____

Patient name: _____ Date of birth: _____ Sex _____ Age: _____

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

Home phone: _____ Cell: _____ Work phone: _____

S.S# _____ Employer: _____

Person to contact in case of emergency: _____ Phone: _____

E-mail address _____

RESPONSIBLE PARTY

Responsible for account: _____ relationship to patient: _____

Address: _____ Phone: _____

INSURANCE INFORMATION

Name of insured: _____ Relationship to patient: _____

Date of birth: _____ S.S # _____ Employer: _____

Insurance name: _____ Group# _____

Is there a secondary insurance? YES _____ NO _____