Highland Family Dental
STEPHEN CHO, DDS

Date___________________

PATIENT INFORMATION

Patient Name____
Last First MI Nickname

Patient is: ☐ Responsible Party ☐ Policy Holder ☐ Dependent

Address____Apt#_____________

City________________________ State______________ Zip Code___________

Phone #'s Home( )______________Work( )_____________ext#__________

Cell( )______________ ☐ Ok to receive text messages

E-Mail Address__________________________________ ☐ Ok to receive emails

Birth Date________________________ Male______ Female_____

Social Security #__________________ Single_____ Married_____ Other_____

Employer________________________ Occupation_______________________

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired

Student Status: ☐ Full Time ☐ Part Time School:____________________

Emergency Contact (other than spouse)________________________________

Emergency contact Phone # (___)_______________ relationship_____________

How did you hear about us?____

SPOUSE INFORMATION

Spouse's Name_________________________ Phone #( )________________

Spouse's Employer______________________ Occupation__________________

INSURANCE INFORMATION

Primary Dental Insurance Company___________________________________

Name of Subscriber________________ Subscriber's Birth date_____________

Subscriber's Employer______________ Subscriber's SSN___________________

ID Number______________________ Group Number______________________

Plan Number______________________ Insurance Phone #( )_____________

Secondary Dental Insurance Company_________________________________

Name of Subscriber________________ Subscriber's Birth date_____________

Subscriber's Employer______________ Subscriber's SSN___________________

ID Number________________________Group Number______________________

Plan Number______________________ Insurance Phone #( )_____________