

Welcome

Thank you for choosing our practice. Please fill out this form as completely as you can. If you have any questions we'll be glad to help. (Please print)

JUNE V. AUSTRIA, DDS • 333 GELLERT BLVD, #241 • DALY CITY, CALIFORNIA 94015 • (650) 755-1401

PATIENT INFORMATION

Name _____ [☐] Dr. [☐] Mr. [☐] Mrs. [☐] Ms. [☐] Rev. [☐] Other: _____
First MI Last
Address _____ Occupation: _____ [☐] Male [☐] Female
City _____ State _____ Zip _____ Hm# (____) _____
Employer _____ Wk# (____) _____ Ext _____
Are you: [☐] Minor [☐] Married [☐] Single [☐] Divorced [☐] Widowed [☐] Separated Cell # (____) _____
DOB: ____/____/____ SSN# _____ E-mail _____ @ _____
Spouse's Name _____
First MI Last (if different)
Spouse occupation _____ Work phone _____ Ext _____
Is patient a full time student? [☐] No [☐] Yes: Name of school: _____

RESPONSIBLE PARTY (if different than patient)

Name _____
First MI Last
Address _____
City _____ State _____ Zip _____
Hm# (____) _____
Wk# (____) _____
DOB: ____/____/____
SSN# _____
Relationship: _____

YOUR PREFERENCES

Do you prefer appointment reminders by:

[☐] Email [☐] Phone [☐] Text

Do you prefer to receive calls from our office at:

[☐] Home [☐] Work [☐] Cell

Whom may we thank for referring you?

How do you wish to be addressed by our staff?

INSURANCE INFORMATION

MEDICAL INSURANCE:

Subscriber's Name _____ Relationship to patient: _____
DOB: ____/____/____ Subscriber's SSN# _____
Insurance Company _____ Policy # _____ Group # _____

SUPPLEMENTAL INSURANCE (DENTAL):

Insured Name _____ Relationship to patient: _____
Address _____ City _____ State _____ Zip _____
DOB: ____/____/____ SSN# _____ Employer: _____
Insurance Company _____ Group # _____ Eff. Date: ____/____/____
DO YOU HAVE ADDITIONAL DENTAL INSURANCE? [☐] Yes [☐] No If yes, please complete the following:
Insured Name _____ Relationship to patient: _____
Address _____ City _____ State _____ Zip _____
DOB: ____/____/____ SSN# _____ Employer: _____
Insurance Company _____ Group # _____ Eff. Date: ____/____/____



Our practice uses SIRONA ORTHOPOS SL3D, a hybrid unit, providing the advantages of 2D & 3D together while emitting the lowest possible dose for the patient.

CONFIDENTIAL

"Our practice is dedicated to helping you have good oral health for a lifetime."