

WELCOME

The benefits of a happy, healthy smile are immeasurable. Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely.
The better we communicate, the better we can care for you.

TODD AUERBACH, D.D.S. • 4972 LAKEVIEW AVENUE • YORBA LINDA, CA 92886 • 714.777.2458

ABOUT YOU

Today's Date: _____

Name: _____

 Last First MI MR MRS MS DR

I prefer to be called: _____ Male Female

Birthdate: _____ Age: _____

SS#: _____ DL#: _____

Home Address: _____

 City State Zip

Single Married Divorced Widowed Separated

Home #: _____

Cell #: _____

E-Mail: _____

Work #: _____ Ext: _____

Work Address: _____

Employer: _____

Occupation: _____ How long there? _____

When are the best times to reach you? _____

SPOUSE INFORMATION

His/Her Name: _____

Employer: _____

Work #: _____ Ext: _____

Birthdate: _____ SS: _____

Cell #: _____

E-Mail: _____

In the event of an emergency, whom should we contact?

Name: _____ Relation: _____

Phone #: _____ Cell #: _____

WHOM MAY WE THANK

Sign Out Front Internet/Website Yellow Pages

Family/Friend (referral name): _____

Community Event/Fair (be specific): _____

Other (be specific): _____

DENTAL INSURANCE

Insurance Co. Name: _____

Insurance Co Address: _____

Insurance Co Phone #: _____

ID #: _____ Group #: _____

Insured's Name: _____

Relation: _____

Insured's Birthdate: _____

Insured's SS #: _____

Insured's Employer: _____

Insured's Address: _____

Secondary Dental Insurance

Insurance Co. Name: _____

Insurance Co Address: _____

Insurance Co Phone #: _____

ID #: _____ Group #: _____

Insured's Name: _____

Relation: _____

Insured's Birthdate: _____

Insured's SS #: _____

Insured's Employer: _____

Insured's Address: _____

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