Gene Pak, D.D.S.

30131 Town Center Drive, Suite 166
Laguna Niguel, CA 92677
(949) 495-3667

## PATIENT INFORMATION

Legal Name: _____ ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss
*First* *Middle* *Last*

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Gender: ☐ Male ☐ Female

Social Security Number: _____ Birthdate: Jan / 1 / 19 Age: _____

Address: _____
*Street Address/P.O. BOX* *Apartment/Unit #*

_____
*City* *State* *ZIP Code*

Phone Number: _____ | _____ | _____
*Home* *Work* *Mobile*

Email Address: _____

Preferred method of contact? ☐ Home No. ☐ Work No. ☐ Mobile ☐ E-mail ☐ No pref.
Best time to contact? ☐ AM ☐ PM ☐ No preference ☐ Other: _____

**PLEASE PROVIDE A PHYSICAL DRIVER'S LICENSE FOR COPY.**

Patient/Guardian's Driver's License No.: _____ State of Issue: _____

## INSURANCE INFORMATION

Do you have dental insurance? ☐ Yes ☐ No

**IF YES, PLEASE PROVIDE A PHYSICAL INSURANCE CARD(S) TO OUR FRONT STAFF TO MAKE A COPY.**

### SUBSCRIBER INFORMATION

Primary Insurance: _____ Insurance Phone No.: _____

Legal Name: _____
*First* *Middle* *Last*

Social Security Number: _____ Birthdate: / /

Employer: _____

Member ID: _____ Group #: _____

Patient's Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other: _____

## INSURANCE INFORMATION (cont.)

Secondary Insurance: _____ Insurance Phone No.: _____
*(if applicable)*
Subscriber's Name: _____ Employer: _____

Member ID: _____ Group #: _____
Patient's Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other: _____

## MINORS: PLEASE COMPLETE THE FOLLOWING IF PATIENT IS LESS THAN 18 YEARS OLD

**PARENT/GUARDIAN INFORMATION**

Legal Name: _____
*First* *Middle* *Last*

Relationship: _____ Birthdate: ____/____/____

## PHARMACY INFORMATION (opt.)

Pharmacy Name: _____ Pharmacy Phone #: _____

Location: _____

## REFERRAL? (opt.)

How did you hear about our office? _____

## IN CASE OF EMERGENCY

Contact's name: _____ Relationship to patient: _____
*(Please choose a contact with a residence different from the patient's.)*

Phone number: _____ | _____
*Home Phone* *Work/Mobile Phone*