Ivy Chan, DDS
2041 Polk Street, Suite G, San Francisco, CA 94109
(415) 885-5255

PATIENT INFORMATION

Today's Date _____

Name _____ ☐ Minor ☐ Single ☐ Married ☐ Male ☐ Female
Last First

Address _____
Street Apt # City State Zip

Birthdate_____ SS#_____

Telephone _____ Email_____
Home # Cell #

Spouse name _____ Phone #_____
Work # Cell #

Adult

Employer _____
Business address _____
_____
Occupation_____
Work phone _____

Minor / Student

School _____ Full time/Part time
Parent /Guardian Name _____
Parent /Guardian Employer_____
Business address _____
Phone _____
Work # Cell #

OTHER INFORMATION

Whom may we thank for referring you _____
Person to contact in case of emergency:
1) Name _____ Relationship/phone_____
2) Name _____ Relationship/Phone _____
Name of your medical doctor/Phone _____

ACCOUNT INFORMATION

Person responsible for account
Name _____ Relationship/Phone_____
Billing address (if different from above)_____
Driver License # _____ SS#_____

INSURANCE INFORMATION

Primary Carrier

Name of Insured _____
Birthdate_____
SS# _____
Employer name _____
Insurance Plan_____
Insured ID/Subscriber ID _____
Group #_____

Secondary Carrier

Name of Insured _____
Birthdate_____
SS# _____
Employer name _____
Insurance Plan_____
Insured ID/Subscriber ID _____
Group #_____