PATIENT REGISTRATION

Dr. Tony Kim, DDS, PC
2415 Beaver Ruin Rd, Ste A, Norcross, GA 30071
(770) 447-4002

PATIENT INFORMATION

First Name _____ Last Name _____

Male/Female, Single/Married, Birthday ____/____/____, Social Security # _____-____-_____

Address _____

_____

Telephone: Home _____ Business _____

Cell Phone _____

** Have any of patient's family members being treated here? Yes/No

Name of the family member _____ relationship to patient_____

DENTAL INSURANCE INFORMATION

Insurance Company _____

Policy Holder's Name_____ Birthday _____/_____/_____

Policy Holder's ID or SSN # _____

MEDICAL CONDITION

Are you taking any medications? _____

Do you have any allergies or medical conditions? _____

****SIGNITURE OF PATIENT OR GUARANTOR** _____

****DATE** _____/_____/_____