

# Welcome

## About You

Name \_\_\_\_\_ I prefer to be called \_\_\_\_\_  
Last First M.I. Mr. / Mrs. / Ms. / Dr.

Male / Female \_\_\_\_\_ Single / Married / Divorced / Widowed / Separated \_\_\_\_\_ Social Security # \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Best time to reach you at work \_\_\_\_\_ at home \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip

Cell Phone (\_\_\_\_) \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

## Responsible Party / Spouse / Parent / Guardian Information

Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relation \_\_\_\_\_ Social Security # \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip

## Insurance Information

### Primary Insurance

Insurance Co. Name \_\_\_\_\_ Group or Policy # \_\_\_\_\_

Employer \_\_\_\_\_ Employee Name \_\_\_\_\_

Relation \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_

### Secondary Coverage

Insurance Co. Name \_\_\_\_\_ Group or Policy # \_\_\_\_\_

Employer \_\_\_\_\_ Employee Name \_\_\_\_\_

Relation \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_

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**Christie Park, DDS Bruce Lilly, DDS Victoria Liu, DDS**  
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