# Welcome to Kang Dental

1628 W. Hebron Pkwy Suite 108 Carrollton TX 75010
P: (972) 492-0002 F:(972) 492-0008

## *PATIENT INFORMATION*

*Please present form of identification and insurance (if applicable) to receptionists to be photocopied.*

☐ *Dr* ☐ *Mr* ☐ *Mrs* ☐ *Ms* ☐ *Miss* ☐ *Child*

**Last:** _____ **First:** _____ **Middle:** _____

**Street:** _____ **City:** _____ **State:** _____ **Zip:** _____

*May we contact you by email?* ☐ *Yes* ☐ *No* **Email:** _____

**Home Phone:** _____ **Work Phone:** _____ **Cell Phone:** _____

**Sex:** ☐ *Male* ☐ *Female* **Date of Birth:** _____ **Social Security Number:** _____

**Emergency Contact:** _____ **Phone:** _____ **Relationship:** _____

*How did you hear about us?* ☐ *Newspaper* ☐ *Family/Friend* ☐ *Doctor* ☐ *Other* *If yes, name:* _____

## *DENTAL INSURANCE INFORMATION*

*If you have insurance, please fill in the following information.*

| *Primary Insurance* | | | *Secondary Insurance* | | |
|---|---|---|---|---|---|
| Insurance Company | | | Insurance Company | | |
| Insurance Group# | | | Insurance Group# | | |
| Insurance Phone# | | | Insurance Phone# | | |
| Employer Name | | | Employer Name | | |
| Subscriber Name | | | Subscriber Name | | |
| Subscriber SSN | | | Subscriber SSN | | |
| Date of Birth | | | Date of Birth | | |
| Patient Relationship to Subscriber | ☐ Self ☐ Child | ☐ Spouse ☐ Other | Patient Relationship to Subscriber | ☐ Self ☐ Child | ☐ Spouse ☐ Other |