



Dr. Lawrence Villarreal, D.D.S.
 1730 East Walnut Street
 Pasadena CA 91106
 (626)449-4795

DATE: _____

It is a pleasure to have you as our client and to survey your dental health. In order to render the proper and optimum dental services for you, we ask you to please answer the following questions completely. We respect your privacy, any information provided below will be considered confidential for our records.

PATIENT INFORMATION

Patient Name _____
LAST FIRST MIDDLE

Birth date _____ Social Security # _____ Male/Female _____ Marital Status _____

Address _____
STREET CITY STATE ZIP

Phone # _____
HOME CELL WORK

May we contact you via Email? Yes: Email Address: _____ No

Occupation _____
PLACE OF EMPLOYEMENT JOB TITLE

*If Student, School Name & Address _____

Nearest Relative _____
NAME ADDRESS PHONE

Emergency Contact _____
NAME ADDRESS PHONE

RESPONSIBLE PARTY/INSURED INFORMATION

Insurance Company _____ Group Number _____

Insurance Co. Address _____ Phone # _____

Insured's Name _____
LAST FIRST MIDDLE

Insured's Relationship to Patient _____ Insured's Birth date _____

Insured Social Security # _____ Insured's Driver's License _____

Insured's Address _____
STREET CITY STATE ZIP

Insured's Phone # _____
HOME CELL WORK

Insured's Occupation _____
PLACE OF EMPLOYEMENT JOB TITLE YRS EMPLOYED

Do you have Dual Coverage? If YES, Please complete following Secondary insurance Information:

Insurance Company _____ Group Number _____

Insurance Co. Address _____ Phone # _____

Insured's Name _____
LAST FIRST MIDDLE

Insured's Relationship to Patient _____ Insured's Birth date _____

Insured Social Security # _____ Insured's Driver's License _____

Insured's Address _____
STREET CITY STATE ZIP

Insured's Phone # _____
HOME CELL WORK

Insured's Occupation _____
PLACE OF EMPLOYEMENT JOB TITLE YRS EMPLOYED

Whom may we thank for referring you to our office? _____

What is the most convenient appointment time for you? _____

Should we have a sudden change in appointment, may we call you to take an appointment on short notice? Yes No

24-HOUR CANCELLATION NOTICE IS REQUIRED TO AVOID A \$25.00 FEE. INITIALS _____