Javadi Smiles
5308 Lake Murray Boulevard, Ste C
La Mesa, CA 91942
(619) 464-4411

Today's Date: _____

About You

Patient Name:

_____

I prefer to be called: _____

☐ Male ☐ Female

Email Address:

_____

Home Address:

_____

City: _____Zip: _____

Birthdate: _____/_____/_____

SS#:_____-_____-_____

☐ Single☐ Married ☐ Partnered ☐ Divorced

HM # :(_____) _____

Cell # :(_____) _____

Work # :(_____) _____Ext:_____

DL#: _____

Employer:

_____

Employer's Address:

_____

_____

Who May we Thank for referring you:

_____

Other family members seen by us:

_____

Person Responsible for Account:

_____

Spouse Information

His/ Her Name: _____

Employer: _____

Birthdate: _____/_____/_____

SS#:_____-_____-_____

Relative or Friend not living with you

His/ Her Name: _____

Contact #:(_____) _____

Primary Insurance Information

Insurance Co. Name: _____

Insurance Co. Address:

_____

_____

Insurance Co. Phone#: (_____) _____

Group # (Plan, Local, Policy #): _____

Subscriber Name: _____

Subscriber Birthdate: _____/_____/_____

ID: _____

SS#: _____-_____-_____

Secondary Insurance Information

Insurance Co. Name: _____

Insurance Co. Address:

_____

_____

Insurance Co. Phone#: (_____) _____

Group # (Plan, Local, Policy #): _____

Subscriber Name: _____

Subscriber Birthdate: _____/_____/_____

ID: _____

SS#: _____-_____-_____

Payment is due in full at the time of treatment

Unless prior arrangements have been approved

If this office accepts my dental insurance, I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. I hereby authorize release of any information, including diagnoses and records of treatment to my insurance company for billing purposes.

_____ _____

Signature Date