

Arash Azarbal, D.D.S.
 Cosmetic and General Dentistry

Thank You for selecting our dental healthcare team. We will strive to provide you with the best possible dental care. To help us meet all your dental health care needs, **Please fill out this form completely in ink.** If you have any questions or need assistance, Please ask us we will be happy to help you!

Patient Information (Confidential)

Name: _____
 Birthday: _____ Soc. Sec #: _____
 Cell Phone: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____
 Employer: _____
 Occupation: _____ Work #: _____
 Business Address: _____ City: _____ State: _____ Zip: _____

Who may we thank for referring you? _____
 Person to Contact in case of emergency: _____ Phone #: _____

Responsible Party (if minor)

Name of Person Responsible for this Account: _____
 Cell Phone #: _____ Home Phone #: _____
 Relationship to Patient: _____ Birthday: _____ Soc. Sec. #: _____
 Employer: _____ Work Phone#: _____

Insurance Information

Name of Subscriber: _____
 Relationship to Patient: _____ Birthday: _____ Soc. Sec#. _____
 Name of employer: _____ Work Phone#: _____
 Ins. Company: _____ Group #: _____
 Ins. Co. Address: _____ City: _____ State: _____ Zip: _____