

**Cappie Baker, D.D.S., M.S., A Professional Corporation**

*"We Take Your Smile to Heart"*

460 E. Carson Plaza Drive, Suite 116, Carson, CA 90746

310-523-2161 Tel 310-523-9187 Fax



**PATIENT INFORMATION**

Date\_\_\_\_\_

Patient's Name\_\_\_\_\_

Address\_\_\_\_\_

School & Address\_\_\_\_\_

Social Security #\_\_\_\_\_ Birthdate\_\_\_\_\_ Home Phone\_\_\_\_\_

If patient is a minor parent or guardians name\_\_\_\_\_ Work Phone\_\_\_\_\_

Employer & Address\_\_\_\_\_

Whom may we thank for referring you to our office?\_\_\_\_\_

General Dentist & Address\_\_\_\_\_

**INSURANCE INFORMATION**

Insured's Name\_\_\_\_\_ Insured's Soc. Sec #\_\_\_\_\_

Insurance Company\_\_\_\_\_ Group No.\_\_\_\_\_

Insured Birthdate\_\_\_\_\_

Insurance Co. Address\_\_\_\_\_ Phone #\_\_\_\_\_

Insured's Employer & Address\_\_\_\_\_

Do you have dual coverage? Yes\_\_\_ No\_\_\_ If yes:

Insured's Name\_\_\_\_\_ Insured's Birthday\_\_\_\_\_

Insurance Company\_\_\_\_\_ Group \_\_\_\_\_ Local No \_\_\_\_\_

Insurance Co. Address\_\_\_\_\_ Phone # \_\_\_\_\_

Insured's employer & Address\_\_\_\_\_