IKUTA 笑
Dental Health Center

DENNIS D. IKUTA, DDS | DERIC D. IKUTA, DDS

Welcome

The benefits of having great total dental health and a beautiful smile are immeasurable. It is our goal to offer comprehensive dental health services to help you achieve optimum overall health and well being to look and feel your best. The information provided on these forms will help us to provide the best possible care for you and is strictly confidential. Thank you!

Patient Information

❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss

Name _____ Today's Date____/____/____
First MI Last

We usually address our patients by their title and surname unless they request otherwise.

I prefer to be called _____ Birthdate ____/____/____ SS#_____

Home address _____ City _____ Zip _____

Home Ph # _____ Work Ph# _____ Cell Phone # _____

Email address _____ Do you prefer to receive calls at: ❑ Home ❑ Work ❑ Either

Responsible party_____ Birthdate ____/____/____ SS#_____

Relation to patient _____ Employer _____ Occupation _____

Work Ph# _____

Spouse's name_____ Occupation _____ Work Ph#_____

How did you hear about our practice? _____

Other than your spouse, a person to contract in case of emergency: Name _____

Relation to patient _____ Home Ph# _____ Work Ph# _____

For our patients with dental insurance…

Name of policy holder _____ Birthdate ____/____/____ SS#_____

Insurance Co. _____ Group #: _____

Name of employer _____Relation to patient _____

Are you covered by another insurance plan?

Name of policy holder _____ Birthdate ____/____/____ SS#_____

Insurance Co. _____ Group #: _____

Name of employer _____Relation to patient _____