Welcome to Our Practice

Date____________________
Whom shall we thank for referring you?_____________________________________

Mr. Dr. Mrs. Ms. Miss
Patient Name____
Home Phone_________________________Work Phone__________________________
Address______________________________City_________________Zip Code_______
Birth Date____________________________Social Security #_____________________

Name and Address of Parent or Guardian, if patient is a minor_________________
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Where may we contact you?
Work Phone_________________________Pager/cell #__________________________
E-mail address____

In case of emergency, whom shall we contact?
Name_________________________Phone_____________Relationship_____________

Dental Insurance Information
Name of Insured Person____
Contract #____Birth Date________________
Employer____Business Phone____________
Name of Dental Insurance Company____
Group #____Phone___________________

I authorize payment of my group insurance benefits to Irene A. Tseng, DDS, PC.
Employee Signature____________________________________Date_____________________

Secondary Dental Insurance Information (if applicable)
Name of Insured Person____
Contract #____Birth Date________________
Employer____Business Phone____________
Name of Dental Insurance Company____
Group #____Phone___________________

I authorize payment of my group insurance benefits to Irene A. Tseng, DDS, PC.
Employee Signature____________________________________Date_____________________

Irene A. Tseng, DDS, PC
29626 Ann Arbor Trail
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734.422.4900