



# TAREQ M. AFIFI, D.D.S., INC.

COSMETIC, PREVENTATIVE & FAMILY DENTAL PRACTICE

12850 10th Street Suite B-1, Chino, CA 91710

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We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you.

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Last

First

MI

(Preferred)

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_ Gender ☐ M ☐ F Married ☐ Y ☐ N

Home phone: \_\_\_\_\_ wireless phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method ☐ HmPhone ☐ WkPhone ☐ WirelessPh ☐ Email

Preferred contact method for recall ☐ HmPhone ☐ WkPhone ☐ WirelessPh ☐ Email

Student status if dependent over 19 (for ins) ☐ Nonstudent ☐ Fulltime ☐ Parttime

How did you hear about our office? \_\_\_\_\_

(If someone referred you here, please write down their name so we can thank them)

## MAILING INFORMATION

Checkbox if same for entire family ☐

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ CA: \_\_\_\_\_ Zip: \_\_\_\_\_

## INSURANCE INFORMATION

Your relationship to subscriber: ☐ Self ☐ Spouse ☐ Child

Subscriber Name: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Group Name: \_\_\_\_\_ Group#: \_\_\_\_\_

PLEASE PRESENT ID AND INSURANCE CARD TO RECEPTIONS, THANK YOU.