Today's Date: : www.rochesterdental.com

JESSICA Y. CHEN, DDS, MS
2070 LYELL AVENUE, SUITE 200, ROCHESTER, NY 14606

PATIENT INFORMATION

Patient's last name: First: Middle:			❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	❑ Dr. ❑	Marital status (circle one) Single / Mar. / Div. / Sep. / Wid.
Wish to be called:	Occupation:	Date of Birth: / /		Age:		Sex: ❑ M ❑ F
Street address:		City:		State:		ZIP Code:
E-mail:		Home Phone: Cell Phone: Work Phone:				
Preferred method of contact? ❑ Home Phone ❑ Cell Phone ❑ Work Phone ❑ E-Mail		Best time to call? ❑AM ❑PM ❑ Mon ❑ Tue ❑ Wed ❑ Thurs ❑ Fri ❑ Sat				Referred by(who we thank for):

RESPONSIBLE PARTY INFORMATION

Name:	Date of birth: / /	Social Security No.: Driver's License No.:		Relationship to Patient:
Street Address:		City:	State:	ZIP Code:
Employer Name:	Place of Employment:		Occupation:	

DENTAL INSURANCE INFORMATION

Primary Insurance

Insurance Co. Name:	Policy No.:	Policy Group No.:
Subscriber's Name:	Subscriber's Relationship to Patient:	
Subscriber's Social Security No.:	Subscriber's Date of Birth: / /	

Secondary Insurance

Insurance Co. Name:	Policy No.:	Policy Group No.:
Subscriber's Name:	Subscriber's Relationship to Patient:	
Subscriber's Social Security No.:	Subscriber's Date of Birth: / /	

MEDICAL INFORMATION

Primary Physician Name:	Phone No.:	
Previous Dentist Name:	Last Dental Visit: / /	Last X-ray Taken / / (bring them with you) (or forward them to us)
Medical Issues we should be aware of:		
Do you have allergies? ❑ Yes ❑ No If yes, specify:		
Premed before dental visits? ❑ Yes ❑ No	Any current dental concerns?	

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to Patient:	Home Phone No.:	Work Phone No.:

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to my dentist. I understand that I am financially responsible for any balance. I also authorize JESSICA Y. CHEN, DDS, MS or insurance company to release any information required to process my claims.

Patient/Parent/Guardian's Signature *Date*