

Santa Rosa Office  
2211 4<sup>th</sup> St.  
Santa Rosa, CA 95404  
P: 707-575-1198  
F: 707-575-0818

Windsor Office  
8741 Brooks Rd. South, Ste 101  
Windsor, CA 95492  
P: 707-838-8836  
F: 707-838-1858

## Dr. Johnson Miin

### Patient Information

Dr.  Mr.  Mrs.  Ms.  Miss    Male    Female    DOB: \_\_\_\_\_    Age: \_\_\_\_\_

Patient Name: \_\_\_\_\_    Nickname: \_\_\_\_\_

Street: \_\_\_\_\_    Home Phone: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

School/Employer: \_\_\_\_\_    Work Phone: \_\_\_\_\_

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

General Dentist: \_\_\_\_\_    Phone: \_\_\_\_\_

Hobbies: \_\_\_\_\_

### Responsible Party Information

Responsible Party: \_\_\_\_\_    DOB \_\_\_\_\_

Street: \_\_\_\_\_    Home Phone: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_    Work Phone \_\_\_\_\_

Employer: \_\_\_\_\_    Social Security #: \_\_\_\_\_

### Primary Dental Insurance

### Secondary Insurance Information

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

Employee Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_    Birth date: \_\_\_\_\_

Employer: \_\_\_\_\_

Group #: \_\_\_\_\_

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

Carrier Address: \_\_\_\_\_

Carrier Phone: \_\_\_\_\_

Relation to Insured: \_\_\_\_\_

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

Employee Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_    Birth date: \_\_\_\_\_

Employer: \_\_\_\_\_

Group #: \_\_\_\_\_

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

Carrier Address: \_\_\_\_\_

Carrier Phone: \_\_\_\_\_

Relation to Insured: \_\_\_\_\_