

Dental Implants and Periodontal Health of Rochester

Thomas Zahavi, D.M.D., M.S.; Lucy Johnson, D.D.S

Date _____

Patient Information

Name _____ Preferred name _____

Birth date _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell (____) _____ - _____

Email _____

I would like to receive correspondences via email YES NO

Employer _____ Referred by _____

Person to contact in case of emergency _____ Phone _____

General Dentist _____

Person financially responsible for this account (other than self) _____

Dental Insurance Information

Do you have dental insurance? Yes No

Name of Insured _____ Relationship to patient _____

Insurance Company _____ Group or Employer Number _____

Policy # _____ Policy Holder's D.O.B. _____

Insurance Co. Address _____ City _____ State _____ Zip _____

Insurance Co. Phone (____) _____ - _____ Employer _____

Do you have secondary insurance? Yes No

Name of Insured _____ Relationship to patient: _____

Insurance Company _____ Group or Employer Number _____

Policy # _____ Policy Holder's D.O.B. _____

Insurance Co. Address _____ City _____ State _____ Zip _____

Insurance Co. Phone (____) _____ - _____ Employer _____