

"A New Vision for Periodontics"

Welcome to Lynna Bui, DDS, MPH, APC . We sincerely appreciate you choosing our office for your dental and oral health care needs. Please be assured that we will work hard to continually earn the trust that you have placed in us. In order for us to serve you better, please take several minutes to complete this information form.

Please tell us about yourself

Patient's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
e-Mail Address: _____
Who may we thank for referring you to us for care? _____

Today's Date: _____

Home Phone: _____

Date of Birth: _____ Sex: M F

Social Security #: _____

Do you have Dental Insurance? Yes No

If the Patient is a minor, please tell us about you, the parent or guardian:

Your Name: _____
Your Address: _____
City: _____ State: _____ Zip: _____

Relationship to Patient: _____

Your Home Phone #: _____

Your Social Security #: _____

Employer Information

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

Business Phone: _____

Your position: _____

How long with company: _____

Spouse Information

Spouse's name: _____
Address: _____
Spouse's Employer: _____
City: _____ State: _____ Zip: _____

Spouse's Soc.Sec.. #: _____

Spouse's Date of Birth: _____

Business Phone: _____

How long with company: _____

Insurance Information

Name of Insurance Co: _____
Name of Insured Person: _____
Social Security # of Insured: _____

Plan Name or Number: _____

Group No./ Effective Date: _____

Insured Date of Birth: _____