SEAN S. LEE, D.D.S., INC.
4016 University parkway, San Bernardino, Ca. 92407
GET ACQUAINTED QUESTIONAIRRE

Patient Information

Name: Mr. Mrs. Ms. Miss_____,_____ _____ Birth Date_____
(Please circle one) Last Name, First Name Middle Name
Social Security Number _____ Driver's License Number _____
Residence Address_____
City_____ Zip_____ How long at this address?_____ Phone_____
E-Mail Address_____ Best phone number to call_____ Best time to call_____
Your Occupation_____ Employer_____ Phone_____
Employer's Address _____ City_____ Zip_____
Phone _____ ext. _____

Spouse Information or Parent information in case of minor

Name _____,_____ Occupation_____
Last Name, First Name Middle Name
Social Security Number _____ Birth Date _____
Employer's Address_____ City_____ Zip _____
Phone _____ ext. _____

Person Financially Responsible:_____ Relation to You_____

Children - Name - Age

Former Dentist_____ Phone_____ 1._____

Physician_____ Phone_____ 2._____

3. _____

Whom may we contact in case of emergency?_____

Relationship _____ Phone Number # 1 _____
Phone Number # 2 _____

How did you hear about this office? (Please Circle) Phone Book, Sign, Ad, Other_____
If patient referred then who referred you to us?_____

Insurance Carrier (Mr.)_____(Mrs.)_____ Phone _____
Group Number_____ Union Local _____

Will you be requiring credit (financing) by our office for your dental care? (Please circle) Yes, No

*I have read all information on **both sides** of this sheet and have completed the above questions.*
I certify this information is true and correct to the best of my knowledge.

Signature (Parent if minor)_____ Date_____