Dr. George Hajjar, D.D.S.

Hajjar & Haritakis, D.D.S.

General & Cosmetic Dentistry

Dr. Harriet Haritakis, D.D.S.

GENERAL PATIENT INFORMATION

PATIENT'S NAME: ______

AGE: ______ BIRTHDATE: ______ SEX: ______

HOME PHONE: ( ) ______ CELL PHONE: ( ) ______

E-MAIL ADDRESS: ______

SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SPOUSE'S NAME: ______

PATIENT'S ADDRESS: ______ APT #: ______

CITY: ______ STATE: ______ ZIP: ______

SOCIAL SECURITY #: ______ DRIVER'S LICENSE #: ______

EMPLOYER: ______ PRESENT POSITION: ______ HOW LONG? ______

BUSINESS ADDRESS: ______ BUS. PHONE: ( ) ______

RESPONSIBLE PARTY INFORMATION

PERSON FINANCIALLY RESPONSIBLE: ______ RELATIONSHIP TO PATIENT: ______

SOCIAL SECURITY #: ______ DRIVER'S LICENSE #: ______

ADDRESS: ______

EMPLOYER: ______ ADDRESS: ______

FOR PATIENTS WITH DENTAL INSURANCE

INSURED NAME: ______ RELATIONSHIP TO PATIENT: ______

SOCIAL SECURITY #: ______ DATE OF BIRTH: ______

NAME OF INSURANCE CARRIER: ______ EMPLOYER: ______

LOCAL OR GROUP #: ______ WORK / ID#: ______

IS PATIENT COVERED BY ANOTHER DENTAL PLAN? ______ IF SO, NAME OF INSURANCE CARRIER: ______

NAME OF INSURED: ______ RELATIONSHIP TO PATIENT: ______

SOCIAL SECURITY #: ______ DATE OF BIRTH: ______

NAME OF INSURANCE CARRIER: ______ EMPLOYER: ______

LOCAL OR GROUP #: ______ WORK / ID#: ______

HOW LONG SINCE YOUR LAST VISIT TO A DENTIST? ______ WHAT DID YOU HAVE DONE? ______

REASON FOR TODAY'S VISIT (exam, toothache, estimate, etc.): ______

REFERRED BY: ______ NAME OF PREVIOUS DENTIST: ______

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