Patient Information Form
(please complete & return to receptionist)

Dental Perfections, Inc.
Kern K. Agader, D.M.D.
563 Farrington Hwy, Suite 206
Kapolei, HI 96707

SECTION 1: GENERAL INFORMATION

NAME: Last, First, Middle	❑ Male ❑ Female	SOCIAL SECURITY NUMBER

ADDRESS: Street or PO Box	City	State	Zip

PHONE NUMBERS:	Home	Cellular	Work	Pager

E-MAIL	BIRTH DATE	BIRTH PLACE	❑Single ❑Married ❑Divorced/Separated

OCCUPATION	EMPLOYER	HOW LONG EMPLOYED

SECTION 2: PARENT OR GUARDIAN OF PATIENT (IF PATIENT IS UNDER 18 YEARS OF AGE)

NAME: Last, First, Middle	RELATIONSHIP TO PATIENT

PHONE NUMBERS:	Home	Cellular	Work	Pager

ADDRESS: Street or PO Box	City	State	Zip

E-MAIL	OCCUPATION	EMPLOYER	HOW LONG EMPLOYED

SECTION 3: INSURANCE INFORMATION

SUBSCRIBER'S NAME: Last, First, Middle	DATE OF BIRTH	SOCIAL SECURITY OR SUBSCRIBER NUMBER

RELATIONSHIP TO PATIENT	EMPLOYER'S NAME	WORK PHONE	NAME OF INSURANCE COMPANY

GROUP OR PLAN NUMBER	FULL ADDRESS OF INSURANCE COMPANY

SECTION 4: SECONDARY INSURANCE INFORMATION (IF APPLICABLE)

SUBSCRIBER'S NAME: Last, First, Middle	DATE OF BIRTH	SOCIAL SECURITY OR SUBSCRIBER NUMBER

RELATIONSHIP TO PATIENT	EMPLOYER'S NAME	WORK PHONE	NAME OF INSURANCE COMPANY

GROUP OR PLAN NUMBER	FULL ADDRESS OF INSURANCE COMPANY

SECTION 5: PERSON RESPONSIBLE FOR ACCOUNT

NAME: Last, First, Middle	RELATIONSHIP TO PATIENT	❑ Male ❑ Female	SOCIAL SECURITY NO.	DATE OF BIRTH

E-MAIL	ADDRESS: Street or PO Box	City	State	Zip

PHONE NUMBERS:	Home	Cellular	Work	Pager

SECTION 6: GETTING TO KNOW YOU

1) Why did you select our office? ____

2) Whom may we thank for referring you? ❑ HAWAIIAN TELCOM YELLOW PAGES ❑ PARADISE PAGES ❑ NEON SIGN
❑ WEBSITE/INTERNET ❑ PATIENT:________________________ ❑ OTHER:________________________

3) Is another member of your family or relative a patient in our practice? ______________________

4) Person to contact in case of emergency: ______________________ Relationship to patient: ______________

Contact Phone Numbers: ____
Home Cellular Work Pager