



Linh N. Tsai, D.D.S.
1285 Carlsbad Village Drive, Carlsbad, CA 92008
(760)730-3456

FAMILY RECORD AND FINANCIAL RESPONSIBILITY

WELCOME! How did you choose our office? _____

If by internet, what search engine and key words were used in the search? _____

FAMILY RECORD

Name(s) and age(s) of children to be seen on your initial visit: _____

Have any family members been patients in our office in the past? If so, please list: _____

Residence address _____

City _____ Zip _____ Phone _____

Emergency contact number _____

Father's full name _____ Marital Status: M S D (circle one)

Address if different _____

Occupation _____ Employed by _____

Business address _____ Business Phone _____

Cell Phone _____ E-mail _____ Social Security # _____ - _____ - _____

Mother's full name _____ Marital Status: M S D (circle one)

Address if different _____

Occupation _____ Employed by _____

Business Address _____ Business Phone _____

Cell Phone _____ E-mail _____ Social Security # _____ - _____ - _____

If family is NOT living together, person financially responsible for account _____

Emergency contact person and number _____

DENTAL INSURANCE INFORMATION

First Policy

Name of parent insured _____ Relation to child _____

Social Security # _____ Employee ID # _____ Birthdate _____

Ins. Co. _____ Employer _____ Group/Policy# _____

Second Policy

Name of parent insured _____ Relation to child _____

Social Security # _____ Employee ID # _____ Birthdate _____

Ins. Co. _____ Employer _____ Group/Policy# _____