

Redlands Dental Surgery Center

1180 Nevada Street, Suite 100

Redlands, CA 92374

(909) 335-0474

Patient Information

Last Name: _____

Home Phone: _____

First Name: _____ M.I. _____

Mobile Phone: _____

Street Address: _____

Date of Birth: _____ Age: _____

Sex (M/F): _____

City: _____

Social Security: _____

State: _____ Zip Code: _____

Marital Status: **M S W D Sep**

Is the patient a participant in the California State Benefits Program (Medical/Dental)?

Yes – ID# _____

No – Please complete the following information:

Email: _____

Health Insurance: _____ (Kaiser, Health Net, LA Care)

Insurance Subscriber Information

Last Name: _____

Home Phone: _____

First Name: _____ M.I. _____

Mobile Phone: _____

Street Address: _____

Date of Birth: _____ Age: _____

Sex (M/F): _____

City: _____

Social Security: _____

State: _____ Zip Code: _____

Marital Status: **M S W D Sep**

Insurance Name: _____

Member ID#: _____

Group #: _____

Telephone Number: _____

Emergency Contact

Name: _____

Home Phone: _____

Street Address: _____

Mobile Phone: _____

City: _____ State: _____

Relationship: _____