

Premier Dental Care  
220 Horizon Dr., Suite F  
Henderson, NV 89015

Alex Y. Song, D.D.S.

CHART # \_\_\_\_\_

**Personal Information**

Patient Name Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Birthdate \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Child \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer Telephone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Parent/Spouse Name Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Medical Physician of Above Patient \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Previous Dentist \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Name & Address

**\*\* Emergency Contact \*\***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_