



PATIENT & INSURANCE INFO

DNA DENTAL
DALLAS

DNA Dental Dallas, Dr. Darya Timin
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214-295-9270 | www.dnadentaldallas.com

Patient Information

Full Name: _____

I prefer to be called: _____

Birthdate: ___ / ___ / ___ Male Female

Address: _____

SS#: _____ Drivers lic: _____ E-mailAddress: _____

Home Number: (_____) _____ Cell/Other: (_____) _____

Where and when is the best way to reach you? _____

Single Married Divorced Widowed

Occupation: _____ Employer: _____

Employer's Address: _____

Work Number: (_____) _____ Ext. _____

Responsible Party (if someone other than the patient)

Full Name: _____

I prefer to be called: _____

Birthdate: ___ / ___ / _____ Male Female

Address: _____

SS#: _____ Drivers lic: _____ E-mailAddress: _____

Home Number: (_____) _____ Cell/Other: (_____) _____

Where and when is the best way to reach you? _____

In the event of an emergency, who should we contact? _____

Name: _____ Relation to you: _____

Work Number: (_____) _____ Home Number: (_____) _____ Cell Number: (_____) _____

Who referred you? _____

Primary Insurance Information

Name of Insured _____

Relationship to Insured: Self Spouse Child Other _____

Insured SS#: _____ Insured DOB: _____

Employer: _____

Address: _____

Ins. Company: _____

Address: _____

Customer Service Phone #: _____

Secondary Insurance Information _____

Name of Insured _____

Relationship to Insured: Self Spouse Child Other _____

Insured SS#: _____ Insured DOB _____

Employer: _____

Address: _____

Ins. Company: _____

Address: _____

Customer Service Phone #: _____