



smiles on madison

family & cosmetic dentistry

Dr. Bill Wong | Dr. Kamal Bajwa | Dr. Peter Wong | Dr. Sonya Hamberg

2209 East Madison Street • Seattle, Washington 98112 • 206.788.4488 • www.SmilesMadison.com

PATIENT INFORMATION (Please Print)

Full Name _____ Preferred Name _____
Last First M.I.

Home # _____ Work # _____ Cell # _____

Birthdate _____ Soc. Sec. # _____

Mailing Address _____
Street City State Zip

Email Address _____

Employer _____ Referred By _____

RESPONSIBLE PARTY

Person Responsible for Account _____
Last First M.I.

Relationship to Patient _____

Home # _____ Work # _____ Cell # _____

Address _____
Street City State Zip

Birthdate of Responsible Party _____ Soc. Sec. # _____

EMERGENCY CONTACT

Name _____ Phone _____

Address _____

Relationship to Patient _____

INSURANCE INFORMATION

(Primary)

(Secondary)

Insurance Company 1. _____ 2. _____

Name of Insured 1. _____ 2. _____

Birthdate of Insured 1. _____ 2. _____

Relationship to Patient 1. _____ 2. _____

Social Security # of Insured 1. _____ 2. _____

Employer 1. _____ 2. _____

Policy or Group No. 1. _____ 2. _____