

# DENTA WORKS HAWAII

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## Patient Information

Name (last, first, middle, nickname)				Status S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>		Parent's name (if minor)	
Address (number & street, Apt. #/city/state/zip code - Not P.O. Box #)							
Age	Birthdate	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Social security number		Residence telephone		Business telephone
Employer (parent's if minor)			Position		Years	School (full-time)	
Address				City		State	Zip code
Spouse name			Social security number		Employer		Business telephone
Emergency contact (name) – not residing with you					Telephone number		
Referred by			Reason for Visit			Last Dental Visit?	

## Billing and Insurance Information

Insurance #1 (name)	
Relationship	
Address	
State/City/Zip	
Employer	
Date of birth	Social security number
Dental insurance	Group no.
Medical insurance	Group no.

## Billing and Insurance Information

Insurance #2 (name)	
Relationship	
Address	
State/City/Zip	
Employer	
Date of birth	Social security number
Dental insurance	Group no.
Medical insurance	Group no.