

**Douglas P. Chang, DDS**  
**DentaWorks Hawaii**  
**1060 Young Street #305**  
**Honolulu, HI 96814**  
**(808) 528-1200, Fax (808) 528-1202**

Thank you for scheduling a dental appointment in our office. We look forward to seeing you and your family. In order to prepare you and our office for your first visit, please note the information we require.

**You will need you to bring in the following:**

- 1) A **valid photo ID** (drivers license, state I.D., passport)
- 2) **Insurance card or information** regarding the subscriber of the plan (S.S. #, birth date, insurance co., address, etc.)
- 3) Any previous records from former dentist (X-rays, copy of dental services) or call us and we can request them for you.
- 4) Please print, fill out and sign the attached documents prior to your Appointment. If you can not print these forms you will need to come in 20minutes prior to your scheduled appointment to fill out the forms.
- 5) List of multiple required medications (name of medication, dosage and reason for taking it) if applicable.
- 6) Please let us know if you require pre-medication of antibiotics for dental services.

**Payment is required on your portion of the dental services performed.**

We accept Cash, Checks, and most Credit Cards. Prior arrangements are required in order to be billed for services.

If you have any questions, please call us at (808) 528-1200.