



Welcome to Kang Dental (H-Mart)

2625 Old Denton Rd, Suite 101, Carrollton TX 75007
P: (972) 242-3737 F: (972) 242-1465

PATIENT INFORMATION

Please present form of identification and insurance (if applicable) to receptionists to be photocopied.

Dr Mr Mrs Ms Miss Child

Last: _____ First: _____ Middle: _____

Street: _____ City: _____ State: _____ Zip: _____

May we contact you by email? Yes No Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? Newspaper Family/Friend Doctor Other If yes, name: _____

DENTAL INSURANCE INFORMATION

If you have insurance, please fill in the following information.

Primary Insurance

Secondary Insurance

| | |
|--|--|
| Insurance Company | Insurance Company |
| Insurance Group# | Insurance Group# |
| Insurance Phone# | Insurance Phone# |
| Employer Name | Employer Name |
| Subscriber Name | Subscriber Name |
| Subscriber SSN | Subscriber SSN |
| Date of Birth | Date of Birth |
| Patient Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | Patient Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other |