



Eric S. Yao, DDS, MAGD

Dedicated Dental Care for Your Family's Good Health

PATIENT INFORMATION

Patient Name _____ Date of Birth _____ Gender: Male Female

Social Security No. _____

Marital Status: Single Married Widowed Separated /Divorced Partner

Spouse's Name / Phone No _____ / _____

Home Address _____

Billing Address (if different) _____

E-mail Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Company Name _____ Work Phone _____

Which phone numbers would you like us to contact you? Home Cell Work

How did you hear about us?

Existing patient of our practice, referred by _____

Internet/Web search Office Website Yelp Walk In Others _____

Primary Insurance

Name of Insured _____ Relationship to insured Self Spouse Child Other

Insurance Company _____

Address _____

Group No. _____ Member ID. _____

Social Security No. _____ Date of Birth _____

Insured's Employer _____ Address _____

Secondary Insurance

Name of Insured _____ Relationship to insured Self Spouse Child Other

Insurance Company _____

Address _____

Group No. _____ Member ID. _____

Social Security No. _____ Date of Birth _____

Insured's Employer _____ Address _____

Financial Responsible Party (if someone other than the patient)

Name _____ Social Security No. _____

Date of Birth _____ Relationship to Patient _____

Home Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

Emergency Contact

Emergency Contact Name _____ Relationship _____

Phone Number - Home _____ Cell _____ Work _____

Request for Confidential Communication

May we leave a detail message on your answering machine at home? Yes No

May we leave a detail message on your cell phone voice mail? Yes No

May we leave a detail message on your work voice mail/answering machine? Yes No

May we talk to your spouse/partner/children about your treatments or appointments? Yes No

Photo and Testimonial Release

I, _____, hereby grant permission to Eric S. Yao, DDS, MAGD or any of his staff members to take photographs or videos of my teeth, jaws, and face. I understand that my photographs, slides, videos, and my patient testimonial can be used for educational lectures, marketing and advertising for this dental practice (including Dr. Eric S. Yao's website, Facebook posts, YouTube, magazines/journal, and other social media). I also understand that if my photographs, slides, and videos are used in any publication or as a part of a demonstration, my identifying information (first name only) could be used. I do not expect compensation, financial or otherwise, for the use of these photographs.

I acknowledge Eric S. Yao, DDS, MAGD's right to crop or otherwise treat the photograph at his discretion. I also acknowledge that Dr. Eric S. Yao may choose not to use my photograph and testimonial at this time, but may do so at his own discretion at a later date. I also understand that once my image is posted on Dr. Eric S. Yao's website, Facebook, YouTube, and other social media, the image can be downloaded by any computer user, which is beyond the control of Dr. Eric S. Yao, and I will hold him and any of his affiliated offices harmless from any such use or download.

I hereby freely and voluntarily consent to the use of my photograph and testimonial as stated above until I revoke this consent in writing.

If declining this consent, please leave blank.

Please initial one option:

_____ I agree Eric S. Yao, DDS, MAGD use my photographs or testimonials in any of the above situations.

_____ I only agree to have my teeth shown without any identifying features.