Payam Cohen D.D.S., P.C.
Family, Cosmetic & Implant Dentistry
71-06 110th Street, Suite 1F
Forest Hills, NY 11375
Phone: (718) 793-6669

New Patient Information Form

Patient's Name: _____
Last Name First Name Middle Initial

Home Address: _____
Street Address APT#

_____
City State Zip

Sex: M / F Marital Status: S / M / D / W Date of Birth _____/_____/_____

Social Security No: _____ - _____ - _____ **Email Address**: _____

Home Phone: ( ) _____ - _____ **PLEASE VISIT US @:**

Work Phone: ( ) _____ - _____ ***www.ForestHillsDentistry.com***

Cell Phone: ( ) _____ - _____

HOW DID YOU HEAR ABOUT US? (PLEASE CIRCLE)

Internet: **Please specify website or search engine** _____ Our Web Site

Your Insurance Company Other: _____

Referred by a friend or family? Whom can we thank for the referral? _____

PRIMARY DENTAL INSURANCE COVERAGE

SUBSCRIBER NAME: _____ RELATION TO PATEINT: _____
EMPLOYER'S NAME: _____
EMPLOYEE NUMBER: _____
INSURANCE NAME: _____ GROUP #: _____

SECONDARY DENTAL INSURANCE COVERAGE

SUBSCRIBER NAME: _____ RELATION TO PATEINT: _____
EMPLOYER'S NAME: _____
EMPLOYEE NUMBER: _____
INSURANCE NAME: _____ GROUP #: _____

RESPONSIBLE PARTY

Name: _____
Home Address: _____
STREET CITY STATE ZIP

SIGNATURE: _____ DATE: _____