

Canton Dental Associates

Dr. Emily Lin, DMD, MA PC
2700 Lighthouse Pt East, Suite 210
Baltimore, Md 21224

Patient Information Form

Name:	Preferred Name:
SS:	DOB:
Emergency Contact:	Emergency Contact Ph:

Home Address:	Home Ph:
	Cell Ph:
City:	Work Ph:
State:	Zip Code:
Email Address:	

Primary Dental Insurance Information

Name Insured:	Relationship to Patient:
Policyholder DOB:	Policyholder SS:
Carrier Name:	Carrier Address:
Carrier Ph:	ID Card present: Y / N

Secondary Dental Insurance Information

Name Insured:	Relationship to Patient:
Policyholder DOB:	Policyholder SS:
Carrier Name:	Carrier Address:
Carrier Ph:	ID Card present: Y / N

Whom may we thank for referring you to us?

Who will be financially responsible for your dental services?

Name of previous treating dentist: