



Healthy Smile Dental PC
Dr Hannah Baek
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Woodridge, IL 60517
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HealthySmileDentalPC.com

Patient Information

*Thank you for choosing our practice. Please complete this form in ink and print your answers.
If you have any questions, please do not hesitate to ask one of our staff.*

Name _____ Date ____/____/____
First Name MI Last Name

Address _____
City _____ State _____ Zip _____

Birthdate ____/____/____ Male Female Home Phone# (____) _____
Cell Phone# (____) _____ Work Phone# (____) _____

Where do you prefer to take calls: Home Cell Work

May we contact you by E-mail? Yes No E-mail Address _____

Marital Status: Single Married Divorced Widowed Separated Minor

Social Security # ____/____/____ Drivers License # _____ State _____

Employer _____ Occupation _____

Business Address _____
City _____ State _____ Zip _____

Spouse's Name _____ Workplace _____

If you are a student, name of school _____ City/State _____

How did you hear about our office? _____

Who may we thank for referring you? _____

Closest relative not living with you & their phone number _____

Emergency Contact _____ Phone# (____) _____

Responsible Party *(if patient is a minor)*

Name of person financially responsible for this account _____
Relationship to patient _____ Phone # (____) _____
Address of Employer _____
City _____ State _____ Zip _____

Insurance Information

Name of Insured _____ Relationship to Patient _____
Birthdate ____/____/____ Social Security # ____/____/____
Employer _____ Occupation _____
Business Address _____
City _____ State _____ Zip _____
Insurance Co. _____ Group # _____
Subscriber ID # _____
Insurance Co. Address _____
City _____ State _____ Zip _____
Insurance Company Phone # (____) _____

Do you have additional insurance? Yes No If yes, Please complete the following:

Insurance Co. _____ Group # _____
Subscriber ID # _____
Insurance Co. Address _____
City _____ State _____ Zip _____
Insurance Company Phone # (____) _____