



Dr. Arthur Yee, DMD

Dental Care for the Entire Family

Arthur Yee DMD PC 6 Boston Road - Suite 100 Chelmsford MA 01824 978 256 2111 ChelmsfordCenterDentists.com

Name: _____
first last m.i.

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Age: _____ Occupation: _____

Contact Information: _____
phone email

Emergency Contact: _____
name phone relationship

If Minor,
Parent's name: _____

Dental Insurance: (complete this section only if our office does not have this information):

name of insurance company & plan: _____

subscriber's name: _____ subscriber's date of birth: _____

subscriber's ID number: _____ or subscriber's social security number: _____

I understand that I am responsible for all charges for services to me including the balance remaining after payment of possible insurance benefits. I hereby authorize payment of insurance benefits directly to the dentist.

X _____
signature of patient (if minor, parent's signature) date

How were you referred to our office? _____