



Los Angeles Endodontics

Alex Parsi DDS

Welcome to our office

Patient Information

First Name: _____ Last Name: _____ Middle Initial: _____

Patient's Birth date: _____ Age: _____ Sex: Male Female

Address: _____ City _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email: _____

Driver License# _____ Social Security# _____

Responsible person or parent if a minor: _____

Emergency contact: _____ Phone: _____

Please tell us who referred you to our office so that we may thank them

Dentist: _____ Physician: _____

Other: _____

Insurance Information

Name of Insured: _____ Insured Social Security # _____

Relationship to Insured: _____ Insured Birth Date: _____

Insured Employer's Name: _____ Group ID # _____

Insurance Company: _____

Any secondary insurance coverage? _____

Our goal is to exceed your expectations. Please let us know how we are doing.