

**HAN & AHN, DMD, PC**

6845 Elm Street, Suite 450  
McLean, Virginia 22101  
703.356.7001

Date \_\_\_\_\_

**Patient's Information**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ LinkedIn \_\_\_\_\_

Preferred Method of Contact: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Whom may we thank for your referral \_\_\_\_\_

Have you ever been told to premedicate before a dental appointment? If so, for what and which medication?  
\_\_\_\_\_

**Responsible Party Information**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_