Dr. Dorian Tetelman
115 E 61st Street Suite 8D
New York, N.Y. 10065

WELCOME TO OUR OFFICE

Today's Date____________
Patient's Name _____________________________________Date of Birth__________
Home Address ______________________________________Apt. Number__________
City________________________________State__________Zip__________________
Home Phone# __________________Work #________________Cell #______________
Social Security #______________________E-Mail Address______________________
Employer Name & Address____
____

Who is responsible for your account?____
Whom may we thank for your referral?____

Spouse's Name ______________________________________Date of Birth__________
Home Address ______________________________________Apt. Number__________
City________________________________State___________Zip__________________
Home Phone_________________________ Work Phone__________________________
Social Security #______________________E-Mail Address_______________________
Employer Name & Address____
____

Name of Primary Dental Insurance Carrier_____________________________________
Name of Subscriber (Member's Name)____
ID#_________________ Group #______________ Telephone#___________________
Name of Secondary Dental Insurance Carrier___________________________________
Name of Subscriber (Member's Name)____
ID#________________ Group #______________ Telephone#____________________