

*Westheimer Lakes Dental*  
*Rose Vuong, DDS*  
26440 FM 1093 Suite 340 Richmond, TX 77406 281-394-7581

**Patient and Insurance Information**

**Patient Information**

Full Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred Contact:  Home #  Work #  Cell #  Email

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status:  Married  Single  Other

Ask about our **Referral** rewards: How did you hear about us?  
 Live around area  Drive by  Ad in Neighborhood Newsletter  
 Insurance  Web search  Ad in Katy Magazine

Westheimer Lakes Dental's patient: \_\_\_\_\_

Other: \_\_\_\_\_

**Parent or Legal Guardian Info**  
**If patient is a minor.**

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Home# \_\_\_\_\_

Work# \_\_\_\_\_

Cell# \_\_\_\_\_

Birth date \_\_\_\_\_

SSN \_\_\_\_\_

**Primary Insurance Information**

Named of Insured: \_\_\_\_\_

Insured Soc. Sec.: \_\_\_\_\_

Insured Birth Date: \_\_\_\_\_

Ins. Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_