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Dr. Eugenia Lee, DMD

Examination Card

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| Date: Click or tap to enter a date. | Referred By: Enter text. |
| Patient Name: Enter text. | **DOB**: Enter text. | **Sex**: Enter text. |
| Home Address: Enter text. |
| Parent Name: Enter text. | **Cell Phone**: Enter text. |
| Email: Enter text. |
| Dentist: Enter text. | **Phone**: Enter text. |
| Medical Problem: Enter text. | **Allergies**: Enter text. |
| School: Enter text. | **Grade**: Enter text. | **Hobbies**: Enter text. |
|  |  |  |
| Financial Responsibility |  |  |
| Name: Enter text. | **Birthdate**: Enter text. |  |
| Address: Enter text. |
| Relationship to Patient: Enter text. |  **Cell Phone**: Enter text. |
| Employer: Enter text. | **Occupation**: Enter text. |  |
| Insurance Co.: Enter text. | **Member ID/SSN**: Enter text. | **Group #**: Enter text. |

**Comment**: Click or tap here to enter text.