

Dr. Don A. Safferstein  
One Fordham Hill Oval  
Bronx, New York 10468-8002

PATIENT INFORMATION SHEET

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. # \_\_\_\_\_

Home tel. \_\_\_\_\_ Work tel. \_\_\_\_\_ Cellular tel. \_\_\_\_\_

Social Security # \_\_\_\_\_ Your date of birth \_\_\_\_\_

Person to contact in an emergency \_\_\_\_\_ Tel. \_\_\_\_\_

Your marital status (circle one): Married Single Widow Divorced Separated

Name of your employer \_\_\_\_\_

Your employer's address \_\_\_\_\_

Occupation \_\_\_\_\_

Name of your dental insurance co. \_\_\_\_\_ Check here if none \_\_\_\_\_

Name of policyholder \_\_\_\_\_

Policyholder's employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

Whom may we thank for referring you \_\_\_\_\_