

WELCOME

1 Basic Information

Today's Date: _____
Patient's Name: _____
Nickname: _____
SS#: _____ **Male / Female**
Patient's Birthday: ___/___/___ Age: _____
School: _____ Grade: _____
Patient's Home Address Phone #: _____
Street: _____ Apt. # _____
City/State/Zip: _____

2 Who is accompanying the child today?

Name: _____
Relationship: _____
Email: _____
Do you have legal custody of the child? **YES / NO**
Who may we thank for referring you? _____
Previous Dentist: _____ Last visit date: _____
Other family members seen by us: _____
Parent's marital status? (*circle one*)
Single Married Widowed Divorced Separated

3 Mother's Information (stepmother guardian)

Name: _____
Work _____ Cell _____ Home _____
Employer: _____
SS#: _____

Father's Information (stepfather guardian)

Name: _____
Work _____ Cell _____ Home _____
Employer: _____
SS#: _____

4 Other Contact Adult:

Name: _____
Work# _____ Home# _____
Relationship: _____

5 Person Responsible for Account

(If not same as #3)

Name: _____
Relation: _____
Billing Address: _____
City/State/Zip: _____
Work#: _____ Home#: _____
Employer: _____
SS#: _____

6 Primary Dental Insurance

Insurance Co. Name: _____
Insurance Co. Address: _____
Insurance Co. Phone: _____
Group #: _____
Insured's Name: _____
Relationship to Patient: _____
Insured's Birthday: ___/___/___ SS#: _____
Insured's Employer: _____
Orthodontic Coverage? **YES / NO**

7 Secondary Dental Insurance

Insurance Co. Name: _____
Insurance Co. Address: _____
Insurance Co. Phone: _____
Group #: _____
Insured's Name: _____
Relationship to Patient: _____
Insured's Birthday: ___/___/___ SS#: _____
Insured's Employer: _____
Orthodontic Coverage? **YES / NO**

I understand the information I have provided is correct to the best of my knowledge, that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my child's medical status. I also authorize the dental staff to perform the necessary dental services my child may need.

signature of parent or guardian

date