



Welcome

We would like to welcome you and your child to our office. Our goal is to make every child's visit pleasant and educational. Our practice is based on preventive care. We strive to teach good oral care that will enable your child to have a beautiful smile that lasts a lifetime.

1. Tell Us About Your Child

Today's Date: _____

Child's Name: _____

Last First MI

Nickname: _____ Male or Female

Child's Birthdate: __/__/__ Child's Age: ____

Child's Home #: (____) _____ SS #: _____

Child's Home Address:

Apt/Condo #

City

State

Zip

2. Who Is Accompanying The Child Today?

Name: _____ Relation: _____

Do you have legal custody of this child? Yes No

Other family members seen by us: _____

Previous / Present Dentist: _____

Last Visit Date: _____

Person Responsible For Account

Name: _____ Relation: _____

Billing Address: _____

3. Mother's Information: Step Mother Guardian : Married or Single

Name: _____ Birthdate: __/__/__

Email Address: _____

Cell #: (____) _____ Hm #: (____) _____

Employer: _____ Wk: # (____) _____

SS #: _____ DL #: _____

Father's Information: Step Father Guardian : Married or Single

Name: _____ Birthdate: __/__/__

Email Address: _____

Cell #: (____) _____ Hm #: (____) _____

Employer: _____ Wk: # (____) _____

SS #: _____ DL #: _____

4. Primary Dental Insurance

Insurance Company

Name: _____

Address: _____

Phone #: (____) _____

Group #: _____

Policy Owner's Name: _____

Relationship to Patient: _____

Birthdate: __/__/__ ID #: _____

Employer: _____

I authorize the dental staff to perform the necessary dental services my child may need.

Signature of parent or guardian: _____ Date: _____

