

Today's Date _____

Welcome

to our practice! We strive to make each of your child's visits pleasant and comfortable. Please fill out this form completely.

Your Child

Child's Name _____
Nickname _____ Sex _____
Birthdate _____ Age _____
SS#/SIN _____
College _____ FT/PT _____
Child's Home Address _____
City _____ State _____ Zip _____
Phone _____

Responsible Party

Name _____
Relationship _____
Address _____
City _____ State _____ Zip _____
E-Mail _____
SS#/SIN _____

Who is responsible for making appointments?

Name _____
Home Phone _____ Cell Phone _____
Work Phone _____ Ext. _____

Best time to call _____
Time _____ Days _____

Mother Stepmother Guardian

Name _____
Home Phone _____ Cell Phone _____
Work Phone _____ Ext. _____
E-Mail _____
Employer _____
Occupation _____
SS#/SIN _____

Father Stepfather Guardian

Name _____
Home Phone _____ Cell Phone _____
Work Phone _____ Ext. _____
E-Mail _____
Employer _____
Occupation _____
SS#/SIN _____

Martial Status Single Married Widowed
 Divorced Separated

Martial Status Single Married Widowed
 Divorced Separated

Primary Insurance

Insured's Name _____
Relationship _____
Birthdate _____ SS#/SIN _____
Employer _____ Date Employed _____
Occupation _____
Insurance Company _____
Group# _____ Employee# _____
Ins. Co. address _____
City _____ State _____ Zip _____
Phone Number _____

Additional Insurance

Insured's Name _____
Relationship _____
Birthdate _____ SS#/SIN _____
Employer _____ Date Employed _____
Occupation _____
Insurance Company _____
Group# _____ Employee# _____
Ins. Co. address _____
City _____ State _____ Zip _____
Phone Number _____

Have you had dental work done at another office this year?

Yes / No

Financial Arrangements

For your convenience, we offer the following methods of payment. Please check the option which you prefer. Payment is expected in full at each appointment.

- Cash Personal Check Credit Card
 Visa MC DISC. AMEX