General Information

Today's Date _____/_____/_____

Child's Name _____

☐ Male ☐ Female

Child's Birthday _____/_____/_____ Preferred Name _____

Child's Address _____ City _____ Zip _____

Mother's Name _____Birthdate ____/____/_____

Mother's Address ☐ Check if same as child's

_____ City _____ Zip _____

Mother's Cell # (_____) _____-_____ Work # (_____) _____-_____

Home # (_____) _____-_____ Email Address _____

Mother's Social Security # _____ Employer _____

Father's Name _____Birthdate ____/____/_____

Father's Address ☐ Check if same as child's

_____ City _____ Zip _____

Father's Cell # (_____) _____-_____ Work # (_____) _____-_____

Home # (_____) _____-_____ Email Address _____

Father's Social Security # _____ Employer _____

Who is accompanying this child today? _____

Relation to child _____

Do you have legal custody of this child? ☐ Yes ☐ No

How were you referred to our office? Please write below the name of the person who referred you so we can thank them!

☐ Dentist ☐ Doctor ☐ Another Person ☐ Online ☐ Other (Indicate Below)

_____

_____

_____

Dental Insurance

Who Carries the Primary **DENTAL** Insurance? ☐ Mother ☐ Father ☐Self

Who Carries the Secondary **DENTAL** Insurance? ☐ Mother ☐ Father ☐Self

Who is ultimately responsible for this account? ☐ Mother ☐ Father ☐Other (See Below)

If you have not provided an insurance card to be scanned, please fill out the following information.

Primary Dental Insurance

Insurance Co Name _____ Phone # (_____) _____-_____

Address _____ City _____ Zip _____

Insured ID # _____Group # _____

Insured's Name _____ Birthdate _____/_____/_____

Relation to Patient _____ Insured's Employer _____

Secondary Dental Insurance (if applicable)

Insurance Co Name _____ Phone # (_____) _____-_____

Address _____ City _____ Zip _____

Insured ID # _____Group # _____

Insured's Name _____ Birthdate _____/_____/_____

Relation to Patient _____ Insured's Employer _____

Account Information (Person ultimately responsible for this account)

Name _____

Billing Address _____ City _____ Zip _____

Social Security # _____ Birthdate _____/_____/_____

Cell # (_____) _____-_____ Work # (_____) _____-_____