

pediatric dental group



Registration & History

Child's Name _____ Preferred _____
Please Print (Last) (First) (MI)

Male or Female _____ Birthday ____/____/____ Social Security # ____ - ____ - ____

Address _____
(Street) (City) (State) (Zip)

Parent/Guardian's Email Address _____

Home Phone _____ Cell _____
(Including area code) (Including area code)

Are other siblings patients here? Yes No If yes, please list them: _____

Who is authorized to bring the patient for dental treatment and authorized to sign consent for treatment? _____

Mother's Name _____ Work or cell phone # _____
(Last) (First) (MI) (Including area code)

Relationship to patient _____ Birthday ____/____/____ Social Security # ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

Employer _____ Address _____

Father's Name _____ Work or cell phone # _____
(Last) (First) (MI) (Including area code)

Relationship to patient _____ Birthday ____/____/____ Social Security # ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

Employer _____ Address _____

Emergency Contact _____ Phone _____ Cell _____
(Closest relative or friend not living with you) (Including area code) (Including area code)

Dental Insurance _____ Group or Policy # _____
(Name of Insurance Company)

Insured's Name _____ Birthday ____ - ____ - ____ Social Security # ____ - ____ - ____

Insured's Employer _____ Relationship to Patient _____

Secondary Insurance _____ Group or Policy # _____
(Name of Insurance Company)

Insured's Name _____ Birthday ____ - ____ - ____ Social Security # ____ - ____ - ____

Insured's Employer _____ Relationship to Patient _____

How do you intend to pay for today's visit or copayment? Cash Check Credit Card

Referral _____
(Who may we thank for referring you to us?)

We require a 24 hour notice for cancellation or the appointment will be broken. After 2 broken appointments no more appointments will be scheduled.

▶ Signature of person responsible for account: _____
(Child will not be seem without this signature) (Print Name)