

CHILD'S REGISTRATION AND HISTORY

Child's Name _____ Prefers to be called _____
First Middle Last
Sex Male Female Birthday _____ Age _____ School _____ Grade _____
Is this an emergency visit? Y N
Is this your child's first dental visit? Y N
If no, name of former dentist _____ Date of last visit _____ Purpose _____
Have any other children in your family been a patient in this office before? Y N
Reason for this visit? _____
Has your child had any bad past dental experiences? Y N Please explain _____
Name and ages of siblings: _____
Name of child's pet _____ Favorite interest _____ Favorite sport _____
Name of parents' dentist _____
Whom may we thank for referring you to our office? _____

GENERAL INFORMATION

Father's full name _____ Mother's full name _____
Address _____ Address _____
Home phone _____ Work _____ Home phone _____ Work _____
S.S. # _____ Birthday _____ S.S. # _____ Birthday _____
Employer _____ Employer _____
Occupation _____ Occupation _____
Business address _____ Business address _____
Child lives with both parents mother father other
I understand that overdue balances are subject to interest and collectoin charges
Signature of parent/guardian _____
Print of parent/guardian _____

FOR PATIENTS COVERED BY DENTAL INSURANCE

PRIMARY INSURANCE

SECONDARY INSURANCE

Subscriber's name _____ Subscriber's name _____
Group/policy number _____ Group/policy number _____
Employer _____ Employer _____
Insurance company _____ Insurance company _____
How long have you had this coverage? _____ How long have you had this coverage? _____

In order to comply with most insurance companies, we ask that you sign below so that we may keep your signature on file.

I authorize release of any information relating to this claim

Signature of patient (or parent/guardian if minor) _____
Print of patient (or parent/guardian if minor) _____

I hereby authorize payment directly to the above-named dentist of the group insurance benefits otherwise payable to me.

Signature of insured person _____
Print of insured person _____