



### YOUR CHILD/CHILDREN

NAME _____	DATE OF BIRTH _____	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>
NAME _____	DATE OF BIRTH _____	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>
NAME _____	DATE OF BIRTH _____	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>
NAME _____	DATE OF BIRTH _____	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>

### PARENT INFORMATION

RELATIONSHIP _____	
NAME _____	DATE OF BIRTH _____
ADDRESS 1 _____	ADDRESS 2 _____
CITY _____	STATE _____
ZIP _____	OCCUPATION _____
EMPLOYER _____	CELL PHONE # _____
HOME PHONE # _____	E-MAIL _____
ALT. E-MAIL _____	
ARE YOU THE LEGAL GUARDIAN OF THE PATIENT? _____	
<input type="checkbox"/> SEND APPOINTMENT REMINDERS      PREFERS APPOINTMENT REMINDER BY: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> SMS	

RELATIONSHIP _____	
NAME _____	DATE OF BIRTH _____
ADDRESS 1 _____	ADDRESS 2 _____
CITY _____	STATE _____
ZIP _____	OCCUPATION _____
EMPLOYER _____	CELL PHONE # _____
HOME PHONE # _____	E-MAIL _____
ALT. E-MAIL _____	
<input type="checkbox"/> SEND APPOINTMENT REMINDERS      PREFERS APPOINTMENT REMINDER BY: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> SMS	

DO YOU HAVE DENTAL INSURANCE INFORMATION? NO ☐ YES ☐

### DENTAL INSURANCE INFORMATION

NAME OF INSURED _____	RELATIONSHIP _____
DATE OF BIRTH _____	NAME OF EMPLOYER _____
DENTAL INS. COMPANY _____	GROUP # _____
POLICY/ID # _____	INSURANCE ADDRESS _____
CITY _____	STATE _____
ZIP _____	INSURANCE PHONE # _____

DO YOU HAVE ADDITIONAL DENTAL INSURANCE? NO ☐ YES ☐

NAME OF INSURED	_____	RELATIONSHIP	_____
DATE OF BIRTH	_____	NAME OF EMPLOYER	_____
DENTAL INS. COMPANY	_____	GROUP #	_____
POLICY/ID #	_____	INSURANCE ADDRESS	_____
CITY	_____	STATE	_____
ZIP	_____	INSURANCE PHONE #	_____

HOW DID YOU HEAR ABOUT US:

Friend	_____	Dr. Referral	_____
School	_____	Social Media	_____
Others	_____		

Signature of Parent/Legal Guardian	_____	Relationship	_____
Date	_____		