



**DOVER PEDIATRIC  
DENTISTRY & ORTHODONTICS**

**Dr. Nadarajah Ganeshkumar**

# WELCOME!

### YOUR CHILD/CHILDREN

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: Male  Female   
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: Male  Female   
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: Male  Female   
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: Male  Female

### PARENT INFORMATION

MOTHER  FATHER  STEPMOTHER  STEPFATHER  GUARDIAN

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ S.S.# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 PHONE # \_\_\_\_\_ Home  Cell  Work  PHONE # \_\_\_\_\_ Home  Cell  Work   
 E-MAIL \_\_\_\_\_ ALT E-MAIL \_\_\_\_\_  
 SEND APPOINTMENT REMINDERS HERE      PREFERS APPOINTMENT REMINDER BY: Phone 1  Phone 2  E-mail  Text

MOTHER  FATHER  STEPMOTHER  STEPFATHER  GUARDIAN

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ S.S.# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 PHONE # \_\_\_\_\_ Home  Cell  Work  PHONE # \_\_\_\_\_ Home  Cell  Work   
 E-MAIL \_\_\_\_\_ ALT E-MAIL \_\_\_\_\_  
 SEND APPOINTMENT REMINDERS HERE      PREFERS APPOINTMENT REMINDER BY: Phone 1  Phone 2  E-mail  Text

### DENTAL INSURANCE INFO

NAME OF INSURED \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_  
 SOC. SEC. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_ DENTAL INSURANCE COMPANY \_\_\_\_\_  
 GROUP # \_\_\_\_\_ POLICY/ID # \_\_\_\_\_  
 INSURANCE ADDRESS \_\_\_\_\_ INSURANCE PHONE # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**DO YOU HAVE ADDITIONAL DENTAL INSURANCE?** No  Yes  **If yes, complete the following section:**

NAME OF INSURED \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_  
 SOC. SEC. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_ DENTAL INSURANCE COMPANY \_\_\_\_\_  
 GROUP # \_\_\_\_\_ POLICY/ID # \_\_\_\_\_  
 INSURANCE ADDRESS \_\_\_\_\_ INSURANCE PHONE # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**HOW DID YOU HEAR**  Friend \_\_\_\_\_  Dr. Referral \_\_\_\_\_  
**ABOUT US?**  School \_\_\_\_\_  Radio  Other \_\_\_\_\_