



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

RELATIONSHIP _____	DATE OF BIRTH _____
NAME _____	ADDRESS 2 _____
ADDRESS 1 _____	STATE _____
CITY _____	OCCUPATION _____
ZIP _____	CELL PHONE # _____
EMPLOYER _____	E-MAIL _____
HOME PHONE # _____	
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	_____	Radio	_____
Others	_____		

Signature of Parent/Legal Guardian	_____	Relationship	_____
Date	_____		