

Welcome!

We would like to welcome you and your child to our office. Our goal is to make every child's visit **pleasant and educational**. Our practice is based on **preventive care**. We strive to teach good oral care that will enable your child to have **a beautiful smile that lasts a lifetime**.

Our office is HIPAA Compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

1

ABOUT YOUR CHILD

Name: _____
Last First Initial

Nickname: _____

Birthdate: ____/____/____ Male Female
Month Day Year

SS #: _____ Age: _____

Special interests, sports or hobbies: _____

Home address: _____

Apt/Condo # City State Zip Code

Home phone: (____) _____

Referred by: _____

2

ABOUT YOU

Your name: _____

Birthdate: ____/____/____

SS #: _____

Relationship to child: _____

Your home phone and address, if different from child's:
(____) _____
Home Phone

Address _____

Apt/Condo # City State Zip Code

Occupation: _____

Employer: _____

Work phone: (____) _____

Cell phone: (____) _____

INSURANCE

3

DENTAL INSURANCE COMPANY #1

Dental Ins. Co.: _____

Insurance Co. Phone #: (____) _____

Group / Policy #: _____

This Dental Insurance is provided through:

Policy owner's name: _____

Relationship to child: _____

Policy owner's SS #: _____

Policy owner's birthdate: _____

Policy owner's employer: _____

Employer's Address: _____
City State Zip

DENTAL INSURANCE COMPANY #2

Dental Ins. Co.: _____

Insurance Co. Phone #: (____) _____

Group / Policy #: _____

This Dental Insurance is provided through:

Policy owner's name: _____

Relationship to child: _____

Policy owner's ID #: _____

Policy owner's birthdate: _____

Policy owner's employer: _____

Employer's Address: _____
City State Zip