

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 committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

1 ABOUT YOUR CHILD

Today's Date _____

Name _____
LAST FIRST MI

Nickname _____

Birthdate _____ Male Female

Social Security # _____

Special interests, sports or hobbies _____

Home Address _____
APT/CONDO #

City/State/Zip _____

Home Phone _____

Referred by _____

2 ABOUT YOU

Parent/Guardian _____

Birthdate _____

Social Security # _____

Relationship to Child _____

Your Home Phone and Address, if different from child's:
 Address _____
APT/CONDO #

City/State/Zip _____

Home Phone _____

Cell Phone _____

Occupation _____

Employer _____

Work Phone _____ Ext. _____

3 DENTAL INSURANCE

COMPANY #1	COMPANY #2
Dental Insurance Co. _____	Dental Insurance Co. _____
Their Phone # _____	Their Phone # _____
Group # _____	Group # _____
This Dental Insurance is provided through:	This Dental Insurance is provided through:
Their Name _____	Their Name _____
Relationship to Child _____	Relationship to Child _____
Their Social Security # _____	Their Social Security # _____
Their Birthdate _____	Their Birthdate _____
Their Employer _____	Their Employer _____

