

WELCOME

We would like to welcome you and your child to our office. In an effort to provide the best service possible, we ask that you fill out this form as completely as possible. Thank you for your cooperation.

Confidential Patient Information - Child or Teen

Patient's Name _____ Age _____ Birthdate _____
First Middle Last
Nickname (if preferred) _____ Male Female Patient's Home Phone _____
Patient's Home Address _____ City, State, Zip _____
Street
Patient's General Dentist _____ How did you hear about our office? _____
Have we treated another member of your family? YES NO if YES, Name _____
First Middle Last
What are the main concerns that you would like orthodontics to accomplish? _____
Has your child visited an orthodontist before? YES NO If YES, for what reason? _____

Responsible Party Information

Marital Status: Single Married Widowed Divorced Separated Domestic Partner

Father

Father Step Father Guardian Name _____
First Middle Last
Address (if different than child's) _____ How long? _____
Mailing Address _____ Birthdate _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Employer _____ Occupation _____ How Long? _____
If you have Dental Insurance coverage for the child, please fill out:
Insurance Company Name _____ Group or Plan # _____
Insurance Company Phone # _____ Insurance Company Address _____
Insured's SS# _____

Mother

Mother Step Mother Guardian Name _____
First Middle Last
Address (if different than child's) _____ How long? _____
Mailing Address _____ Birthdate _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Employer _____ Occupation _____ How Long? _____
If you have Dental Insurance coverage for the child, please fill out:
Insurance Company Name _____ Group or Plan # _____
Insurance Company Phone # _____ Insurance Company Address _____
Insured's SS# _____

Emergency Information

Name of nearest relative/friend NOT LIVING WITH YOU _____ Relationship _____
Complete Address _____
Phone Number _____

I understand that where appropriate, credit bureau reports may be obtained.

Updates (Date/Initial)

Signature (parent's signature if minor)