Patient Registration - Child

Welcome! Our goal is to help you have the healthiest, brightest smile possible. Please provide the following information as completely as you can. The better we communicate, the better we can care for your dental needs.

Home Phone # Social Security #	information as completely as you e	can. The better we co	ommunicate, the l	better we can car	e for your a	lental needs.
Home Phone # Social Security # Father's Employer Position Work Phone # Cell Phone # Parents' Full Names Mother's Employer Position Work Phone # Cell Phone # Person responsible for account (address, if different from above) Insurance Primary Dental Insurance Company Name of Policyholder Policy # Secondary Dental Insurance Company Name of Policyholder's birth date Social Security # Secondary Dental Insurance Company Name of Policyholder birth date Social Security # Secondary Dental Insurance Company Name of Policyholder birth date Social Security # Secondary Dental Insurance Company Name of Policyholder birth date Social Security # Secondary Dental Insurance Company Name of Policyholder birth date Social Security # Secondary Policyholder birth date Social Security # Someone not living with you to contact in ease of emergency (name and phone): Other family members in this gractice: How did you learn about our dental office? If from a friend or relative, his/her name: 1 authorize the administration of south medications and performance of sour diagnosis and therapeutic procedures as may be necessary for proper cental ours. If additional infirmation is readed, Lamberitze fais office to contend the appropriate health care provider or agency to obtains such information. In understance that deat the insurance is a contract between the policyholder and the insurance carrier, and find 1 am responsible for payment of feet for services not concerd in your or insurance of sea contract between the policyholder and the insurance carrier, and find 1 am responsible for payment of feet for services not concerd in your or insurance of sea contract between the policyholder and the insurance carrier, and find 1 am responsible for payment of feet for services not concerd to the best of rey knownedge Charges may be assessed if less than 68 Lauss not one or not out on a approximated carrier to the information is concert to the best of rey knownedge.	Patient Name	How do you wish to be address		to be addressed?	1? Date of Birth	
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	Parent Signature	Date				·

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