

PATIENT INFORMATION

Thank you for choosing our office! In order to serve you properly, we need the following information.
Please Print. All information will be confidential.

PATIENT INFORMATION

Today's Date: ___/___/___

Last Name: _____ First Name: _____ MI _____

Nick Name: _____ Date of Birth: ___/___/___ Age: _____ Male ___ Female

Address: _____ City: _____ State: _____ Zip Code: _____

Child's Home Phone #: _____

PARENT/GUARDIAN INFORMATION

___Mother ___Father ___Step Mother ___Step Father ___Legal Guardian
Parent/Guardian Marital Status: ___Married ___Divorced ___Separated ___Widowed ___Single

Name: _____ Email: _____

Date of Birth: ___/___/___ Social Security #: _____-_____-_____

Address: _____ City: _____ State _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____ Occupation: _____

___Mother ___Father ___Step Mother ___Step Father ___Legal Guardian
Parent/Guardian Marital Status: ___Married ___Divorced ___Separated ___Widowed ___Single

Name: _____ Email: _____

Date of Birth: ___/___/___ Social Security #: _____-_____-_____

Address: _____ City: _____ State _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Employer: _____ Occupation: _____

Other Children in Family (Names and Ages):

Purpose of visit:

How did you hear of us:

CONSENT:

1. I agree that all the above information is true and correct, and I understand that it is my responsibility to advise this office of any changes in the information contained on this form.
2. The undersigned hereby authorizes the taking of x-rays, study models, photographs or any other diagnostic aids deemed appropriate by the doctor to make a thorough diagnosis of my child's dental needs. I also authorize doctor to perform all recommended treatment mutually agreed upon by me and to use the appropriate medication and therapy for such treatment. I understand using anesthetic agents embodies a certain risk.
3. I understand that all responsibility for payment of dental services provided by this office for my child is mine. Payments are due and payable at time services are rendered unless other arrangements have been made.

Parent/Guardian Signature

Today's Date