

CHILD REGISTRATION AND MEDICAL HISTORY

			Dat	e		
Child's Full Name				Date of Birth		
First	Middle	Last				
Mailing Address			State_	Zi	p Code	
E-mail			Y Y			
School Name and Address	Address	- 15- A				
Father's Full Name		Social Securi	ty#	Bi	rthdate	
Mother's Full Name		Social Securit	v #	Bir	thdate	
Father's Employer	The second secon	How long?	Bus.	Phone		
Mother's Employer	I I	How long?	Bus.	Phone		
Person financially responsible (Name &						
Address						
Name of Primary dental insurance?	Name	of Secondary	dental insurance, if appl	icable		
Policy Number and Ins. Holder for	Primary	or Becondary	Policy Nu	mber and	Ins. Holder for Secon	
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(It is passess	ary van provida incura	nce forms fill	ed out with proper info	rmation.)	en agraphic Association of the control of the latter than the	
Please list other family members who ar						
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When were last dental x-rays taken?						
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Name of previous dentist		istory. Many	things have a direct beau			
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*The following medical conditions may require antibiotic premedication: heart problems, Rheumatic fever, heart murmur, mitral valve prolapse, heart valve replacement, orthopedic surgery, hip/knee/joint replacement, depressed immune system. If you have any of these conditions, please contact this office prior to your appointment so that we may assist you in receiving any necessary premedication. Thank you.