

# 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

Name: \_\_\_\_\_  
Last First Initial

Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Month Day Year

SS #: \_\_\_\_\_ Age: \_\_\_\_\_

Special interests, sports or hobbies: \_\_\_\_\_

Home address: \_\_\_\_\_

Apt/Condo # City State Zip Code

Home phone: (\_\_\_\_) \_\_\_\_\_

Referred by: \_\_\_\_\_

# 2

## ABOUT YOU

Your name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Your home phone and address, if different from child's:**

(\_\_\_\_) \_\_\_\_\_  
Home Phone

Address \_\_\_\_\_

Apt/Condo # City State Zip Code

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Pager/Car phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

# INSURANCE

# 3

## DENTAL INSURANCE COMPANY #1

Dental Ins. Co.: \_\_\_\_\_

Insurance Co. Phone #: (\_\_\_\_) \_\_\_\_\_

Group / Policy #: \_\_\_\_\_

**This Dental Insurance is provided through:**

Policy owner's name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Policy owner's SS #: \_\_\_\_\_

Policy owner's birthdate: \_\_\_\_\_

Policy owner's employer: \_\_\_\_\_

## DENTAL INSURANCE COMPANY #2

Dental Ins. Co.: \_\_\_\_\_

Insurance Co. Phone #: (\_\_\_\_) \_\_\_\_\_

Group / Policy #: \_\_\_\_\_

**This Dental Insurance is provided through:**

Policy owner's name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Policy owner's SS #: \_\_\_\_\_

Policy owner's birthdate: \_\_\_\_\_

Policy owner's employer: \_\_\_\_\_

