



patient information

Today's date: _____ Patient (child) legal name: _____ Preferred Name: _____ Birthdate: ___/___/___ Age: ___ Gender: ___ Primary Contact Phone #: _____ Address: _____ City: _____ State: ___ Zip code: _____	Accompanying Guardian: _____ Relationship to Patient: _____ How did you hear about us? (select all that apply) <input type="checkbox"/> Doctor/dentist <input type="checkbox"/> Facebook <input type="checkbox"/> Friend <input type="checkbox"/> Google <input type="checkbox"/> Instagram <input type="checkbox"/> Other _____ Who can we thank for referring you? _____ Main Concern: _____
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persons responsible for account

Full Name: _____ Relationship to Patient: _____ Birthdate: ___/___/___ SSN: _____ Cell #: _____ Work #: _____ Occupation: _____ Email: _____ Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced	Full Name: _____ Relationship to Patient: _____ Birthdate: ___/___/___ SSN: _____ Cell #: _____ Work #: _____ Occupation: _____ Email: _____ Preferred contact method: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
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insurance information

Primary Dental Insurance Subscriber Name: _____ Subscriber DOB: _____ Insurance Company Name: _____ Subscriber ID #: _____ Payer ID: _____ Group #: _____ Subscriber Employer: _____ Insurance Company Address: _____ _____ Insurance Company Phone #: _____	Secondary Dental Insurance Subscriber Name: _____ Subscriber DOB: _____ Insurance Company Name: _____ Subscriber ID #: _____ Payer ID: _____ Group #: _____ Subscriber Employer: _____ Insurance Company Address: _____ _____ Insurance Company Phone #: _____
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authorization to release information

This form is used to obtain authorization to release your personal or medical/dental records covered under the Privacy Act to whom you authorize.

I, _____ (guarantor name), authorize the following person(s) to have access to information covered under the Privacy Practice Act regarding my child's personal medical/dental information.

name	relationship
name	relationship
name	relationship