



CHILD'S DETAILS

Today's Date: MM/DD/YYYY
Name: Last First MI
Child prefers to be called: Male Female
Birthdate: MM/DD/YYYY Age: SS#:
Home Address: Apt/Condo# City State Zip
Child's Home Tel#:
Sports/Hobbies:

GENERAL INFORMATION

Who is accompanying the child today?
Name: Last First MI Title
Relation:
Other Siblings (Names & Ages):
General Dentist: Last Visit: MM/YYYY
Dentist's Tel#:
Whom may we thank for referring you?:

RESPONSIBLE PARTY(S) DETAILS

Father Step-Father Legal Guardian
Name: Last First MI Title
Home#: Cell#:
Work#: Ext#:
Email:
Birthdate: MM/DD/YYYY SS#:
Home Address (if different to child's): Apt/Condo# City State Zip
Employer:

Mother Step-Mother Legal Guardian
Name: Last First MI Title
Home#: Cell#:
Work#: Ext#:
Email:
Birthdate: MM/DD/YYYY SS#:
Home Address (if different to child's): Apt/Condo# City State Zip
Employer:

If you have orthodontic insurance coverage for the child, please complete the section below:

Insurance Company:
Group/Plan/Local/Policy#:
Insured's ID#:
Insurance Co. Address: Apt/Condo# City State Zip

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Who will be the responsible party for the account?

Responsible Party's Marital Status: Single Married Partnered Divorced/Separated Widowed



