

Welcome,

Our goal is to make your child's visit both pleasant and educational. We base our practice on preventive care. Together, we can help your child have a beautiful and healthy smile that can last a lifetime.

About Your Child

Name: _____

Nickname: _____

Birth Date: _____ [] Male [] Female

Social Security # _____

Home Address: _____

Home Phone # _____

About You

Your Name: _____

Marital Status: [] S [] M [] D [] W

Relationship to child: _____

Your Social Security # _____

Your Home Address: *(if different from child)*

Home Phone # _____

Cell Phone # _____

Employer: _____

Occupation: _____

Work Phone # _____ Ext _____

Whom may we thank for referring you to our office: _____

About Your Spouse

(If you are married, please complete this section)

Your Spouse's Name: _____

Their Cell Phone # _____

Their Employer: _____

Their Occupation: _____

Their Work Phone # _____

Emergency Information

(Please name someone other than spouse)

Name: _____

Relationship: _____

Home Phone # _____

Cell or Work Phone # _____

Dental Insurance #1

Cardholder Name: _____

Relationship to child: [] Parent [] Other _____

Cardholder Birth date: _____

Social Security # _____

Employer: _____

Group # _____

Insurance Co.: _____

Ins. Address: _____

Ins. Co. Phone # _____

Dental Insurance #2

Cardholder Name: _____

Relationship to child: [] Parent [] Other _____

Cardholder Birth date: _____

Social Security # _____

Employer: _____

Group # _____

Insurance Co.: _____

Ins. Address: _____

Ins. Co. Phone # _____

I understand that the information I have given is correct. I authorize treatment of required dental services and release of information for insurance, appointment scheduling and confirmation. I understand that I am responsible for all costs of dental treatment and direct payment to Dr. Jackie's Family Dental.

(Signed)

(Date)