

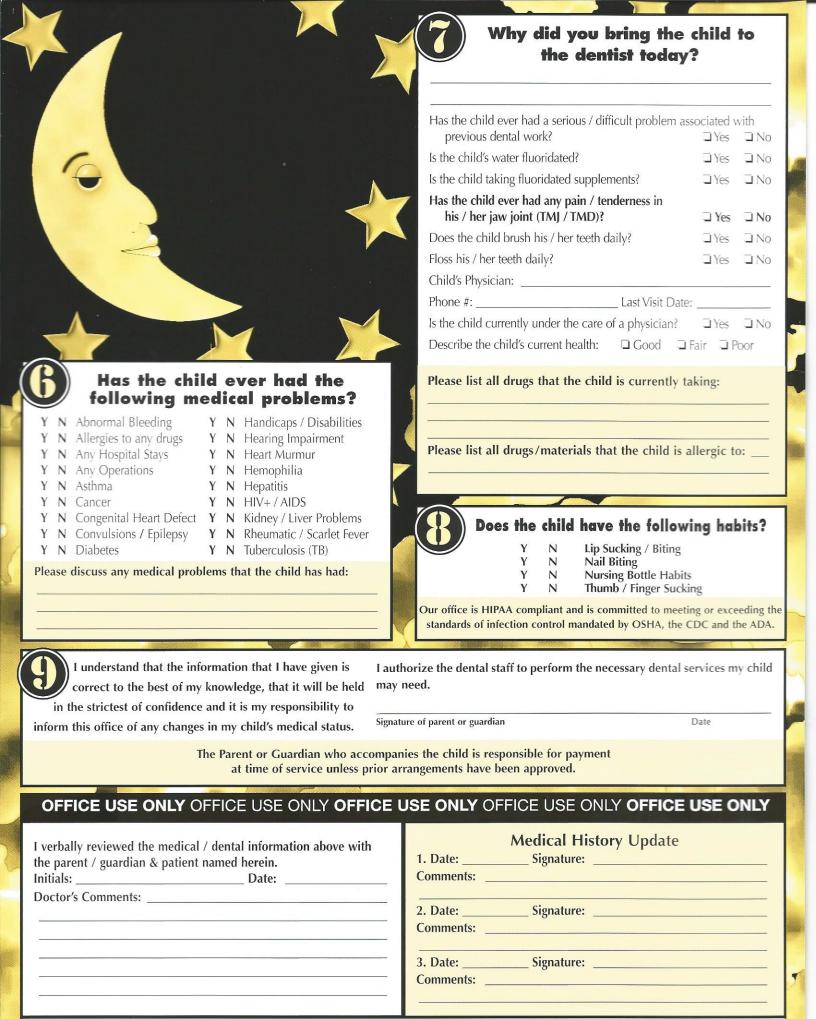
The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health.

Email:

Please fill out this form completely. The better we communicate, the better we can care for you.

CONTINUED ON BACK

maximum oral health.	for you.
Tell Us About Your Child Today's Date:	Person Responsible For Account Name:Relation:
Child's Name:	Billing Address:
Nickname: □ Male □ Female	
Child's Birthdate: Child's Age:	Wk #: () Ext: Hm #: ()
School: Grade:	DL #: SS #:
Child's Home #: (SS #:	Who is responsible for making appointments?
Child's Home Address:	Name:
	Wk #: (Hm #: ()
CITY STATE ZIP	
Who Is Accompanying The Child Today? Name: Relation: Do you have legal custody of this child?	Insurance Co. Name:
Mother's Information	Insurance Co. Name: Insurance Co. Address: Insurance Co. Phone #: (
☐ Father's Information ☐ Step Father ☐ Guardian	Group # (Plan, Local, or Policy #): Policy Owner's Name:
	Relationship to patient:
Name: Birthdate: //	Policy Owner's Birthdate:/ ID #:
Cell #: (Hm =: (Policy Owner's Employer:
FDDIOVOR:	



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