W.E.L.C.O.M.E.

We are pleased to welcome you and your child to our practice.

Please take a few minutes to fill out this form as completely as you can.

If you have questions we'll be glad to help you.

We look forward to working with you in maintaining your child's dental health.

PATIENT INFORMATION				Y
PATE SS	/ HIC / PATIENT ID #		BIRTH DATE	
NAME OF MINOR / CHILD			SEX DM DF AGE	
NICKNAME HO	BBIES		CELL PHONE ()	
HOME ADDRESS				
STREET		CITY	STATE ZIP	- 1
MAILING ADDRESS				
STREET		CITY	STATE ZIP	
SCHOOL NAME			SCHOOL PHONE ()	
PERSON FINANCIALLY RESPONSIBLE	HOME PHONE ()	WORK PHONE ()	
WHOM MAY WE THANK FOR REFERRING	⊊ You?			
				• •
INSURANCE				
211001011102			_	
FATHER'S / GUARDIAN'S NAME		MOTHER'S / GUARPI	AN'S NAME	
APPRESS (if different from patient's)		APPRESS (if different fro	om patient's)	
			,	
	2K PH ()	HOME PH ()	WORK PH ()	
(if different fromabove)	(if different from above)	(if different fro	omabove) (if different from above)	
EMPLOYER		EMPLOYER		
SS# BIR	TH DATE	SS#	BIRTH DATE	
Do you have dental insurance covera	age for minor/child? YES NO	Do you have dental	insurance coverage for minor/child? YES	□ NO
PLAN NAME PHO	DNE ()	PLAN NAME	PHONE ()	
APPRESS		APPRESS		
GROUP# POL	ICY#	GROUP#	POLICY#	
IS your child eligible for treatment	Ander medical a55i5tance? ⊔ YE5	NO CHIED 2 WEDICAL	r 422721 WACE IN #	
			EN &	
DENTAL HISTORY				20
PATE OF LAST VISIT TO A PENTIST		FOR WHAT SERVICE?	,	
Has child complained about dental F	oroblems?	IS fluoride taken in	()	1
Poes child brush teeth daily?	YES ON	Any injuries to mou	•	
Poes child use floss everyday?	YES NO	Any unhappy denta		1
Any mouth habits - thumb sucking, n			· · · · · · · · · · · · · · · · · · ·	1

PATE OF LAST PHYSICAL EXAMINATION RESULTS S minor/child under care of physician now? YES NO MEDICATIONS Receiving any medication or drugs? YES NO	MINOR /CHILD'S PHYSICI/	4N		CITY / STATE	PHONE (
Securing pary medication or drugs? SES IN						
Securing pary medication or drugs? SES IN						
Sthere excessive bleeding when cut? YES NO ALLERGIES			□ YES □ NO	MEDICATIONS		
APOS / HAV		ing when cut?		ALLERGIES		
ADDS / INIV	las minor/child had any	history of or diffic	ulty with any o-	f the following? If YeS, plea	Se check (√).	
Baladar Problems				(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		□ Rheumatic Fev
Bladder Problems	Anemia	□ Chicken Pox		□ Fainting	□ Liver Disease	□ Sinus Problems
EMERGENCY CONTACT AMME PELATIONSHIP PHONE () AUTHORIZATIONS of the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if my minor child ever has a change in health. MINOR / CHILD CONSENT am the porent, guardian, or personal representative of enasthetics, which are deemed advisable by the doctor, whether or not I am present when the treatment is rendered. AUTHORIZATIONS of the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if my minor child ever has a change in health. MINOR / CHILD CONSENT am the porent, guardian, or personal representative of enasthetics, which have deemed advisable by the doctor, whether or not I am present when the treatment is rendered. MSURANCE ASSIGNMENT AND RELEAGE Certify that my dependent(s) is covered by insurance with all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am imancially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions, he above—maned doctor may use my minor/child's health care information and may disclose such information to the above—maned insurance impayable for related Services. This consent will end when the current treatment plan is completed or one year from the date Signed below. UPDATE (to be filled in at future appointments) Mas there been any change in patient's health Since last dental appointment? YES NO	Asthma	□ Convulsions	;	□ Hearing Problems	□ Measles	□ Thyroid Diseas
MERGENCY CONTACT APPE RELATIONSHIP PHONE () AUTHORIZATIONS of the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if my mimor child ever has a change in health. MINOR / CHILD CONSENT and the parent, guardian, or personal representative of	Bladder Problems			□ Heart Problems	□ Mononucleosis	□ Tuberculosis
RELATIONSHIP PHONE () AUTHORIZATIONS To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if my minor child ever has a change in health. HINDRY CHILD CONSENT am the parent, guardian, or personal representative of re no court orders now in effect that prohibit me from Signing this consent. I do hereby request and authorize the dental taff to perform necessary dental services for the child named above, including but not limited to x-rays, and administration famesthatics, which are deemed advisable by the doctor, whether or not I am present when the treatment is rendered. NSURANCE ASSIGNMENT AND RELEASE certify that my dependent(s) is covered by insurance with all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am inancially responsible for all charges whether or not paid by insurance. I authorize the use of my Signature on all insurance submissions, he above-momed doctor may use my minor/child's health care information and may disclose such information to the above-momed Insurance payable for related services. This consent will end when the current treatment plan is completed or one year from the date signed below. If yes, please describe UPDATE (to be filled in at future appointments) Has there been any change in patient's health since last dental appointment? Test in the patient of the patient o	Cancer	□ Drug/Alcoh	ol Abuse	□ Hepatiti5	□ Mump5	□ Other
o the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to nform my doctor if my mimor child ever has a change in health. **INDOR / CHILD CONSENT** am the parent, guardian, or personal representative of	AME			RELATIONSHIP	PHONE ()
o the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if my minor child ever has a change in health. **INOR / CHLUD CONSENT** am the parent, guardiam, or personal representative of	AME			RELATIONSHIP	PHONE ()
Date Dease print name of Parent, Guardian or Personal Representative OPDATE (to be filled in at future appointments) Has there been any change in patient's health Since last dental appointment? If yes, please describe	o the best of my knowle nform my doctor if my n MINOR / CHILD CONSE am the parent, guardia	edge, the above info ninor child ever has o NT n, or personal repre	a change in hea Sentative of _	lth.		and there
UPDATE (to be filled in at future appointments) Has there been any change in patient's health since last dental appointment? If Yes, please describe	to the best of my knowled inform my doctor if my material am the parent, guardia are no court orders now taff to perform necess of anesthetics, which allow a certify that my dependent in a mancially responsible.	edge, the above info ninor child ever has over m, or personal repre in effect that proh sary dental service: re deemed advisable .NT AND RELEASE dent(s) is covered b	a change in head sentative of — ibit me from Sig 5 for the child n by the doctor, Y insurance with benefits, if any the ror not paid	ith. Ining this consent. I do here amed above, including but no whether or not I am present h I otherwise payable to me for by insurance. I authorize the	by request and authorize the standard authorize the standard when the treatment is rend and assign directions rendered. I understand as of my signature on all	and there we dental ministration ered. ectly to stand that I am insurance submissions
UPDATE (to be filled in at future appointments) Has there been any change in patient's health since last dental appointment? If Yes, please describe	To the best of my knowled inform my doctor if my my dinor / CHILD CONSE! am the parent, guardia are no court orders now taff to perform necess of anesthetics, which all an are the first that my dependent of the court of the court of the above-named doctor company(ies) and their of the above-named doctor	edge, the above info ninor child ever has a vr., or personal repre in effect that proh sary dental service! re deemed advisable NT AND RELEASE dent(s) is covered b all insurance for all charges whet may use my minor/ agents for the purp	a change in hear Sentative of _ ibit me from Sig for the child n by the doctor, y insurance with benefits, if any cher or not paid child's health co	nning this consent. I do here amed above, including but no whether or not I am present h of, otherwise payable to me for by insurance. I authorize the lare information and may discount of the payment for services and conservices are conserved.	by request and authorize the pt limited to x-rays, and administed to x-rays, and administration to the termining insurance benefit	and there we dental ministration ered. ectly to stand that I am insurance submissions we above-named Insura its or the benefits
Has there been any change in patient's health since last dental appointment? If Yes, please describe	o the best of my knowled of the best of my knowled of the my doctor if my man doctor if my man the parent, guardia are no court orders now taff to perform necess of anesthetics, which all an ancially responsible to a bove-named doctor ompany(ies) and their of a yable for related serven	edge, the above info ninor child ever has a vr m, or personal repre in effect that proh sary dental service: re deemed advisable NT AND RELEASE dent(s) is covered b all insurance for all charges whet may use my minor/ agents for the purp	a change in hear Sentative of _ ibit me from Sig for the child n by the doctor, y insurance with benefits, if any cher or not paid child's health co ose of obtaining will end when th	oning this consent. I do here amed above, including but no whether or not I am present h To otherwise payable to me for by insurance. I authorize the lare information and may disting payment for services and cone current treatment plan is	by request and authorize the pt limited to x-rays, and administed to x-rays, and administration and assign directly and assign directly and assign directly and assign at the use of my signature on all close such information to the determining insurance benefice completed or one year from	and there we dental ministration ered. ectly to stand that I am insurance submissions we above-named Insura its or the benefits
If Yes, please describe	o the best of my knowled inform my doctor if my man doctor if my man doctor if my man doctor if my man doctor in mancially responsible to above mand doctor in manufest of an est my dependent of the man doctor in mancially responsible to above man doctor in man doctor	edge, the above info ninor child ever has a vr The control represent that probe in effect that probe in effect that probe in effect that probe re deemed advisable NT AND RELEASE dent(5) is covered by all insurance for all charges wheter may use my minor/ agents for the purpoices. This consent	a change in hear Sentative of _ ibit me from Sig for the child n by the doctor, y insurance with benefits, if any cher or not paid child's health co se of obtaining will end when the	yning this consent. I do here amed above, including but no whether or not I am present h T, otherwise payable to me for by insurance. I authorize thate information and may dising payment for services and cone current treatment plan is	by request and authorize the pt limited to x-rays, and administed to x-rays, and administration and assign directly and assign directly as a services rendered. I understone use of my signature on all close such information to the determining insurance beneformation to the completed or one year from	and there we dental ministration ered. ectly to stand that I am insurance submissions we above-named Insura its or the benefits
	o the best of my knowled inform my doctor if my mand of the parent, guardia are no court orders now taff to perform necess of anesthetics, which as the parent of the parent of the perform of the perform necess of anesthetics, which as the perform of the performance	edge, the above informinor child ever has a vital ever dental services of deemed advisable wital ever all insurance for all charges wheter may use my minor/vigents for the purplices. This consent ardian or Personal for a vital every	a change in hear Sentative of — ibit me from Signor of the child me had by the doctor, Y insurance with the control of the c	yning this consent. I do here amed above, including but no whether or not I am present h Y, otherwise payable to me for by insurance. I authorize thate information and may dising payment for services and one current treatment plan is notative	by request and authorize the pt limited to x-rays, and administed to x-rays, and administration and assign directly and assign directly as a services rendered. I understone use of my signature on all close such information to the determining insurance beneformation to the completed or one year from	and there we dental ministration ered. ectly to stand that I am insurance submissions we above-named Insura its or the benefits
IS patient taking any new medications? YES NO If Yes, please list	o the best of my knowled inform my doctor if my mand of the parent, guardia are no court orders now taff to perform necess of anesthetics, which as the parent of the parent of the perform of the perform necess of anesthetics, which as the perform of the performance of the perform	edge, the above informinor child ever has a vital ever dental services are deemed advisable. AND RELEASE dent(s) is covered by all insurance for all charges wheter may use my minor/vital every eve	a change in head sentative of — ibit me from Sign of the child me by the doctor, y insurance with the control of the control o	yning this consent. I do here amed above, including but no whether or not I am present h T, otherwise payable to me for by insurance. I authorize the are information and may disage payment for services and one current treatment plan is intative	by request and authorize the pt limited to x-rays, and administrated to x-rays, and administration and assign directly and assign directly assign a transfer and assign directly assign a transfer and assign at the close such information to the determining insurance benefication and assign as a sign as	and there we dental ministration ered. ectly to stand that I am insurance submissions we above-named Insura its or the benefits
	To the best of my knowled inform my doctor if my my MINOR / CHILD CONSEL am the parent, guardia are no court orders now itaff to perform necess of anesthetics, which as insurance ASSIGNME certify that my dependence the above-named doctor company(ies) and their coayable for related services print name of Parent, Guardia and the coayable for related services and their coayable for related services and the	edge, the above information child ever has over the services of deemed advisable and in surance for all charges whete may use my minor/agents for the purpices. This consent ardian or Personal Funct, Guardian or Personal Funct,	a change in head sentative of — ibit me from Sign of the child in by the doctor, if insurance with the control of the control	yning this consent. I do here amed above, including but no whether or not I am present h T, otherwise payable to me for by insurance. I authorize the are information and may disage payment for services and one current treatment plan is intative ents) th Since last dental appoint	by request and authorize the pt limited to x-rays, and administed to x-rays, and administed the treatment is rend and assign directly and assign directly and assign directly and assign directly and assign at the close such information to the determining insurance beneficed or one year from the pate. Pate Relationship to Patient the property of the property and the property of the property and the property of	and there we dental ministration ered. ectly to stand that I am insurance submissions we above-named Insura its or the benefits