

KID'S DENTISTREE

1101 Gandy Dancer Richmond Hill, GA 31324
Phone: (912) 756-5437
Fax: (912) 335-6575

Patient Information

Patient _____ Date _____

Name child would like to be called _____

Birthday _____ Sex _____ Home Phone _____

Home Address _____

street

town

zip code

Names *and ages* of other children in family _____

School _____ Grade _____

Mother _____ E-mail _____

Mother's SS# _____ DOB _____

Mother's Address _____ Cell Phone _____

Mother's Employer _____ Work Phone _____

Father _____ E-mail _____

Father's SS# _____ DOB _____

Father's Address _____ Cell Phone _____

Father's Employer _____ Work phone _____

Who has legal custody of patient? _____

Person responsible for payment of account _____

Dental Insurance: Yes No Subscriber's Name _____

Employer _____ Insurance Company _____

Claims Address _____

Insurance phone _____ Group No _____

Secondary Dental Insurance: Yes No Subscriber's Name _____

Employer _____ Insurance Company _____

Claims Address _____

Insurance phone _____ Group No _____

Whom may we thank for referring you to us? _____

What is the reason for your child's dental visit? _____