



PATIENT INFORMATION

Child's Full Name: _____ Nickname : _____ Male Female
Today's Date: _____ Date of Birth: _____ Social Security # _____
Child Resides With : _____ E-mail address: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Social Security # _____
Occupation: _____ Employer: _____ Work Phone: _____
Dental Insurance Company: _____
Policy Number: _____ Group Number: _____

Father's Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Social Security # _____
Occupation: _____ Employer: _____ Work Phone: _____
Dental Insurance Company: _____
Policy Number: _____ Group Number: _____

SIBLINGS

Sibling Names: _____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

Additional Contact Person: _____ Relationship: _____ Phone: _____
Child's Pediatrician: _____ Phone: _____

Family Dentist or Child's prior dentist: _____

Whom may we thank for referring you to Pediatric Dentistry of Lewisburg? _____

I/We request that payment of authorized medical/dental benefits be made either to me or on my behalf to **Pediatric Dentistry of Lewisburg** provided to me or my dependent by the physician or his agent.

I/We authorize any holder of medical/dental information about me or my dependent to release to my insurance company (if applicable) or its intermediaries or carriers, this dental office, my attorney, or any other medical/dental office or institution any information needed for my or my dependents medical/dental care.

I/We permit a copy of this agreement to be used in place of the original. This agreement will remain in effect until revoked by me in writing. I/We understand that for any account that becomes delinquent by 30 days, I/we are responsible for reasonable attorney fees, court costs and costs of collection.

Date _____ Signature: _____

Parent/Guardian/Responsible Party