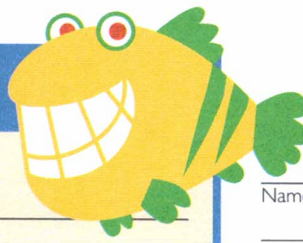


# YOUR CHILD

Patient ID# \_\_\_\_\_



# RESPONSIBLE PARTY

Child's name \_\_\_\_\_

Nickname \_\_\_\_\_

Sex \_\_\_\_\_

Birthdate \_\_\_\_\_

Age \_\_\_\_\_

SS# / SIN \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Child's home address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

SS# / SIN \_\_\_\_\_

DL# \_\_\_\_\_

Email \_\_\_\_\_

## WHO IS RESPONSIBLE FOR MAKING APPOINTMENTS?

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Best time to call \_\_\_\_\_

AM

PM

**MOTHER**

Stepmother

Guardian

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

SS# / SIN \_\_\_\_\_

Employer \_\_\_\_\_

Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_

**FATHER**

Stepmother

Guardian

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

SS# / SIN \_\_\_\_\_

Employer \_\_\_\_\_

Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_

## PARENT IS:

Single

Married

Separated

Divorced

Widowed

## WELCOME TO NAPLES PEDIATRIC DENTISTRY!

We strive to make each of your child's visits pleasant and comfortable. Our goal is to teach your children oral habits which will help keep their smiles beautiful for a lifetime.

How did you hear about us? \_\_\_\_\_

## PRIMARY DENTAL INSURANCE

Insured's name \_\_\_\_\_

Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_

SS# / SIN \_\_\_\_\_

Employer \_\_\_\_\_

Date employed \_\_\_\_\_

Occupation \_\_\_\_\_

Insurance company \_\_\_\_\_

Group # \_\_\_\_\_

Employee # \_\_\_\_\_

Insurance company address \_\_\_\_\_  
\_\_\_\_\_

