

**CHILD PATIENT INFORMATION SHEET**

PLEASE PRINT CLEARLY AND FILL OUT BOTH SIDES OF FORM COMPLETELY

Today's Date \_\_\_/\_\_\_/\_\_\_

Patient's Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ / \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Patients Date of Birth: \_\_\_/\_\_\_/\_\_\_

Current age: \_\_\_\_\_ M or F

Referred by: \_\_\_\_\_

**CONTACT INFORMATION**

Mother's Name: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

**SOCIAL SECURITY#:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

**SOCIAL SECURITY#:** \_\_\_\_\_

Parent's Marital Status: Married Single  
Divorced Separated Widowed

*Please circle one of the above*

Other Contact: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relation \_\_\_\_\_

Dentist \_\_\_\_\_

Dentist Address \_\_\_\_\_

\_\_\_\_\_

Dentist Phone#(\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_

Physician Address \_\_\_\_\_

\_\_\_\_\_

Physician Phone# (\_\_\_\_) \_\_\_\_\_

**ORTHODONTIC INSURANCE ONLY**

**NOT MEDICAL INSURANCE**

**NOT DENTAL INSURANCE**

Does pt. have Orthodontic insurance? Y or N

Name of Orthodontic Insurance Company\*\*

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_

ID#: \_\_\_\_\_

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

**SUBSCRIBER INFORMATION**

Subscriber's name: \_\_\_\_\_

Subscribers Date of Birth: \_\_\_/\_\_\_/\_\_\_

Subscriber's Social Security#: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Relation to Patient- **Father** **Mother** **Other**

*Please circle one*

\*if other explain: \_\_\_\_\_

Subscriber's Name, Address, & Phone #'s

\* Only if differs from patient's in any way

\_\_\_\_\_

\_\_\_\_\_

(Phone) \_\_\_\_\_

(Cell Phone) \_\_\_\_\_

**\*\*Only if there is a secondary ORTHODONTIC insurance, then see Billing Representative**

**Signature of responsible party**

**Print name of responsible party**

**COPY OF CURRENT VALID DRIVER'S LICENSE REQUIRED**