

Name: \_\_\_\_\_  
First Last "Preferred Name"

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ State: \_\_\_\_\_

Hobbies: \_\_\_\_\_ School: \_\_\_\_\_

Patient lives with: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Did dentist refer you to our office? \_\_\_\_\_

**FATHER OR GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
First Middle Last

Relationship to patient: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Is it ok to send SMS reminders? Yes No

Email: \_\_\_\_\_ S.S. # \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Employer Information**

Employer Name: \_\_\_\_\_

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

**MOTHER OR GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
First Middle Last

Relationship to patient: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Is it ok to send SMS reminders? Yes No

Email: \_\_\_\_\_ S.S. # \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Employer Information**

Employer Name: \_\_\_\_\_

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

**Responsible Party Billing Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURANCE INFORMATION**

**Primary** insurance Co. Name: \_\_\_\_\_ Orthodontic Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

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

Policy Owner's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Policy Owner's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**Do you have Secondary insurance?** Yes No **\*\*\*\* If, so Please provide the front desk with your insurance card.**