

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

## Welcome To Pediatric & Adolescent Dentistry!

### Your Child/Children's Information

\_\_\_\_\_  
First Name M.I. Last Name Nickname Date of Birth **M F**

\_\_\_\_\_  
First Name M.I. Last Name Nickname Date of Birth **M F**

\_\_\_\_\_  
First Name M.I. Last Name Nickname Date of Birth **M F**

\_\_\_\_\_  
Siblings Seen at Our Office

### Parent or Legal Guardian

Lives with Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
First Name M.I. Last Name

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

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Employer Work Phone

\_\_\_\_\_  
Email

### Parent or Legal Guardian

Lives with Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
First Name M.I. Last Name

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

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Employer Work Phone

\_\_\_\_\_  
Email

#### Parent's Marital Status

- Single       Married       Separated  
 Divorced       Widowed

May we send email reminders for your child's dental appointments?       Yes    No

May we send text message reminders for your child's dental appointments?       Yes    No