



**PATIENT REGISTRATION**

**Who is accompanying the child today?**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Do you have legal custody of the child? Yes  No   
In case of emergency, contact (name & phone#) \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_

**Parent/ guardian information**

**Mother/Guardian**

Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ For how long? \_\_\_\_\_  
Occupation \_\_\_\_\_  
S.S.N \_\_\_\_\_  
Driver's License# \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Marital Status \_\_\_\_\_

**Father/Guardian**

Name \_\_\_\_\_ D.O.B \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ For how long? \_\_\_\_\_  
Occupation \_\_\_\_\_  
S.S.N \_\_\_\_\_  
Driver's License# \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Marital Status \_\_\_\_\_

Who is the responsible party for this account? \_\_\_\_\_

**Dental Insurance Information**

Insurance Co. Name \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_  
Insurance Co. Phone \_\_\_\_\_  
Group # \_\_\_\_\_ Member/Subscriber ID # \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Insured's D.O.B \_\_\_\_\_ S.S.N \_\_\_\_\_ Insured's Employer \_\_\_\_\_