

GRANGER PEDIATRIC DENTISTRY

CHILDS NAME: First _____ Last _____ Male Female
Birthdate: _____ Age: _____ School: _____
Home address: _____
City, State, Zip Code _____ Child lives with: (circle) Father Mother Both Other
Marital status of parents: (circle one) Married Single Divorced Separated Widowed

FATHER: _____ Home phone: _____ Cell Phone: _____
Social Security Number: _____ Birthdate: _____
Employer: _____ Work Phone: _____
Home address if different than child's: _____

MOTHER: _____ Home phone: _____ Cell Phone: _____
Social Security Number: _____ Birthdate: _____
Employer: _____ Work Phone: _____
Home address if different than child's: _____

(If appropriate)

Name of Legal Guardian: _____ Phone: _____
Social Security Number: _____ Birthdate: _____

RELATIVE NOT LIVING WITH YOU WE CAN CONTACT IN CASE OF AN EMERGENCY:

Name: _____ **Address:** _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

PAYMENT OPTIONS: Method of payment (please circle one) (all copays are due at time of service)

Cash, Check or Credit Card Insurance and co-pay Medicaid and co-pay if applicable

PRIMARY DENTAL INSURANCE: (To be updated at each cleaning appointment)

Name: _____	Policy # _____	Date Reviewed: _____
Name: _____	Policy # _____	Date Reviewed: _____
Name: _____	Policy # _____	Date Reviewed: _____

SECONDARY DENTAL INSURANCE:

Name: _____	Policy # _____	Date Reviewed: _____
Name: _____	Policy # _____	Date Reviewed: _____

HEALTH (medical) INSURANCE INFO:

Name: _____	Policy # _____	Date Reviewed: _____
Name: _____	Policy # _____	Date Reviewed: _____

REFERRAL INFORMATION: Whom may we thank for referring you to our office?

Dental Office: (Doctor's name) _____ Yellow Pages: _____
Another Patient: (name) _____ Friend: (name) _____
School: _____ Work: _____ Other: _____

Has this child or any family member been seen at our Redwood office in Taylorsville? (Y / N)

If yes, children's names _____

