PATIENT INFORMATION

Name____ Age __________Birth date______________

First Middle Last MM-DD-YYYY

Nickname (If preferred)_______________ M F Email____

Will be kept confidential

Home Phone_________________________ Cell Phone__________________________ Work Phone_______________________________

Social Security #_________________________________ How did you hear about our office___________________________________

General Dentist___________________ _____Last Visited______________________ Occupation______________________________

Have we treated another family member? YES NO If YES, Name____

First Last

Have you visited an orthodontist before? YES NO If YES, for what reason?____

Is there anything you would like to discuss with the doctor in private? YES NO ____

School____ Interests/Hobbies____

RESPONSIBLE PARTY and INSURANCE INFORMATION

CIRCLE Self Father Mother Step Parent Spouse Other____________

Marital status: Single Married Widowed Divorced Separated Partner

Name____ Email____

Address if different than child's____ Birth Day__________________________

Home Phone______________ Cell Phone _______________Work Phone______________ SS#______________________

PRIMARY: ***If you have orthodontic/dental insurance:*** Employer___________________ Insurance Co___________________________

_____________________ _____________________________________ ID#__________________________ ____Plan #______ _______________

CIRCLE Self Father Mother Step Parent Spouse Other____________

Marital status: Single Married Widowed Divorced Separated Partner

Name____ Email____

Address if different than child's____ Birth Day__________________________

Home Phone______________ Cell Phone _______________Work Phone______________ SS#______________________

SECONDARY: ***If you have orthodontic/dental insurance:*** Employer___________________ Insurance Co_______________________

___________________________ _________________________________ID # _____________________________Plan #_______________________

CIRCLE Self Father Mother Step Parent Spouse Other____________

Marital status: Single Married Widowed Divorced Separated Partner

Name____ Email____

Address if different than child's____ Birth Day__________________________

Home Phone______________ Cell Phone _______________Work Phone______________ SS#______________________

OTHER: ***If you have orthodontic/dental insurance:*** Employer___________________ Insurance Co______________________________

____ID # _____________________________Plan #_______________________