

**Minor/Child Registration**

Date\_\_\_\_\_

Name\_\_\_\_\_Home phone number\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_

State\_\_\_\_Zip\_\_\_\_\_

Male\_\_\_Female\_\_\_Birthdate\_\_\_\_\_Social Security number\_\_\_\_\_

School\_\_\_\_\_Grade\_\_\_\_\_

Parent/Gardian's Name\_\_\_\_\_Relation to patient\_\_\_\_\_

Parent/Guardian cell phone number\_\_\_\_\_

Who were you referred by?\_\_\_\_\_

In case of emergency who should be notified?\_\_\_\_\_Phone\_\_\_\_\_

Relation to patient\_\_\_\_\_

**Dental Insurance Information**

Subscriber Name\_\_\_\_\_Relation to Patient\_\_\_\_\_Phone\_\_\_\_\_

Address (if different from patient)\_\_\_\_\_Birthdate\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_Social Security Number\_\_\_\_\_

Subscriber employed by\_\_\_\_\_Business Phone\_\_\_\_\_

Insurance Company\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_Contract/Group/SubscriberNumber\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

**Annual Maximum** \_\_\_\_\_ **Yearly Renewal Date** \_\_\_\_\_

**If new insurance, is there a waiting period for certain procedures?** \_\_\_\_\_

Please complete other side

(Please Complete Other Side)