

We strive to provide you with the latest and most accurate information available so that you can make the best and most educated decisions for your child's treatment. Our goal is to offer you a relaxed, pleasant atmosphere while we create a beautiful smile that will last a lifetime.

TELL US ABOUT YOUR CHILD

Name: _____ Nickname: _____ Birth date: ____/____/____ Age: _____
 Male Female School: _____ Grade: ____ Height _____ Mom's hgt: _____ Dad's hgt: _____
 Child's home address: _____ City: _____ State: _____ Zip: _____
 Child's home phone: () _____ Siblings in family treated here: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Home phone: () _____ Cell/work phone () _____
 Address: _____ City: _____ State: _____ Zip: _____

PARENT INFORMATION

Mother: Marital Status: Married Divorced Separated Widowed Remarried Single
 Birth date: ____/____/____ Home phone: () _____ Work phone () _____ Cell () _____
 Name: _____ Social Security #: _____ - _____ - _____ Step Mother Guardian
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Position: _____ Start Date: _____
 Do you have legal custody of this child? _____ Is the child adopted? Yes No

Father: Marital Status: Married Divorced Separated Widowed Remarried Single
 Birth date: ____/____/____ Home phone: () _____ Work phone () _____ Cell () _____
 Name: _____ Social Security #: _____ - _____ - _____ Step Father Guardian
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Position: _____ Start Date: _____
 Do you have legal custody of this child? _____ Is the child adopted? Yes No

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____ Relationship: _____ Social Security #: _____ - _____ - _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Previous Address (if less than 3 yrs.) _____ City: _____ State: _____ Zip: _____ How long? _____
 Home phone: () _____ Work phone () _____ Cell () _____
 Employer: _____ Position: _____ Start Date: _____
 Years in community _____ E-mail Address: _____@_____ (This information is used for notification of appointments & for on-line access to your account. It is personal and is never disclosed to a third party.)

Who is responsible for making appointments?

Name: _____ Relationship: _____
 Home phone: () _____ Work phone () _____ Cell () _____ Best time to call _____

AUTHORIZATIONS

I affirm that the information I have given is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status. I authorize the orthodontic staff to perform the necessary dental services that I may need.

In order to establish a payment plan for you, it will be necessary for us to run a credit report. Yes No

Signature _____

Date _____