Heritage
Family Dental, P.C.

Child Patient Registration

Primary Parent/Guardian Information (*Must be able to legally sign for child)*

Name: _____ ____ _____
First MI Last

Birthdate: _____ SS# _____
month/day/year

□Male □Female

□Single □Married □Divorced □Widowed □Separated

Mailing Address:

City State Zip

Physical Address (if different):

City State Zip

Employer: _____How Long? _____

Telephone Contact Numbers

Home:	Work:
Mobile:	Other:

Secondary Parent/Guardian Information

Name: _____ ____ _____
First MI Last

Birthdate: _____ SS# _____
month/day/year

□Male □Female

□Single □Married □Divorced □Widowed □Separated

Mailing Address:

City State Zip

Physical Address (if different):

City State Zip

Employer: _____ How Long? _____

Telephone Contact Numbers

Home:	Work:
Mobile:	Other:

Child's Information

1) Name: _____ ____ _____
First MI Last

Preferred Name/Nickname: _____

Birthdate: _____ Age: _____ Grade: _____
month/day/year

SS# _____ □Male □Female

Child lives with: □Both parents □Mother □Father □Other:

2) Name: _____ ____ _____
First MI Last

Preferred Name/Nickname: _____

Birthdate: _____ Age: _____ Grade: _____
month/day/year

SS# _____ □Male □Female

Child lives with: □Both parents □Mother □Father □Other:

3) Name: _____ ____ _____
First MI Last

Preferred Name/Nickname: _____

Birthdate: _____ Age: _____ Grade: _____
month/day/year

SS# _____ □Male □Female

Child lives with: □Both parents □Mother □Father □Other:

4) Name: _____ ____ _____
First MI Last

Preferred Name/Nickname: _____

Birthdate: _____ Age: _____ Grade: _____
month/day/year

SS# _____ □Male □Female

Child lives with: □Both parents □Mother □Father □Other:

5) Name: _____ ____ _____
First MI Last

Preferred Name/Nickname: _____

Birthdate: _____ Age: _____ Grade: _____
month/day/year

SS# _____ □Male □Female

Child lives with: □Both parents □Mother □Father □Other:

For the Primary Parent listed above:

May we call you at work? □Yes □No

May we text you appointment reminders? □Yes □No

Best time to reach you: □Mornings □Afternoons

At which number: □Home □Work □Mobile □Other

Please indicate the contact numbers that we have permission to leave a detailed message:

□NONE □Home □Work □Mobile □Other

Email:

Can we email you appointment reminders? □Yes □No

Who may legally sign for the minor child(ren) listed above (must be a parent or legal guardian):

□ Primary Parent listed above □Secondary Parent listed above □Other:

Who may we THANK for referring you? _____

Dental Insurance Information

Primary DENTAL Insurance	Secondary DENTAL Insurance
Insurance Company	Insurance Company
Insurance Phone Number	Insurance Phone Number
Policy Holder's Name	Policy Holder's Name
Group Number	Group Number
Policy Holder's Address (if different from above) _____ _____ _____ _____ City State Zip	Policy Holder's Address (if different from above) _____ _____ _____ _____ City State Zip
Policy Holder's Phone Number	Policy Holder's Phone Number
Policy Holder's Relationship to Patient □Self □Spouse □Parent □Other:	Policy Holder's Relationship to Patient □Self □Spouse □Parent □Other:
Policy Holder's Birth date	Policy Holder's Birth date
Policy Holder's SS#	Policy Holder's SS#
Insured's Employer	Insured's Employer