

**PATIENT REGISTRATION**

DATE \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ BIRTHDATE \_\_\_\_\_

**CHILD'S ADDRESS**  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **CELL PHONE #'S** \_\_\_\_\_

NAMES AND BIRTHDATES OF OTHER CHILDREN IN FAMILY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL GUARDIAN AND/OR INSURANCE INFORMATION**

**LEGAL GUARDIAN #1** MOTHER \_\_\_ FATHER \_\_\_ OTHER \_\_\_\_\_

**NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**ADDRESS IF DIFFERENT THAN CHILD'S** \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

MARITAL STATUS- MARRIED \_\_\_ SINGLE \_\_\_ DIVORCED \_\_\_ SEPERATED \_\_\_

EMPLOYER/RANK \_\_\_\_\_ WORK PH. \_\_\_\_\_ CELL PH. \_\_\_\_\_

DENTAL INSURANCE COMPANY(IF CHILD IS INSURED) \_\_\_\_\_

POLICY OR GROUP # \_\_\_\_\_ UNION LOCAL # \_\_\_\_\_

**LEGAL GUARDIAN #2** MOTHER \_\_\_ FATHER \_\_\_ OTHER \_\_\_\_\_

**NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**ADDRESS IF DIFFERENT THAN CHILD'S** \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

MARITAL STATUS- MARRIED \_\_\_ SINGLE \_\_\_ DIVORCED \_\_\_ SEPERATED \_\_\_

EMPLOYER/RANK \_\_\_\_\_ WORK PH. \_\_\_\_\_ CELL PH. \_\_\_\_\_

DENTAL INSURANCE COMPANY(IF CHILD IS INSURED) \_\_\_\_\_

POLICY OR GROUP # \_\_\_\_\_ LOCAL UNION # \_\_\_\_\_

**WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE?**

**EMERGENCY CONTACT OTHER THEN GUARDIANS** \_\_\_\_\_ **PH #** \_\_\_\_\_  
**RELATIONSHIP** \_\_\_\_\_