

CORONA KIDS DENTAL REGISTRATION FORM

Thank you for taking a moment to enter or update you and your child's information.
Please answer every question as detailed and as accurately as possible.

Patient Information

Patient Name: ,
Last First MI

Preferred Name:

Gender: Male Female

Birth Date: / / (mm/dd/yyyy)

Email Address: @
(Email for office communications only, no spam.)

Best phone to reach you: Mom Dad Home Other

Mom's mobile: () -

Dads mobile: () -

Home phone: () -

Other Phone: () -

Address:

City State Zip

Dental Insurance Information

Please confirm that this child have: **One** dental insurance
 Two dental insurances

Please enter your **primary** dental insurance information below, and please give the **secondary** insurance information to our staff:

Name of Insured: ,
Last First MI

Relationship to patient: Mom Dad Legal Guardian

Insured Birth Date: / / (mm/dd/yyyy)

Insured Social Security #: - -

Member ID# (if diff. from SS#):

Insured Driver License #:

Insurance Group#:

Insured Employer Name:

Insurance Plan Name:

Insurance Co. Phone: () -

Insured Address: Same as patient (If diff. please enter below)

City State Zip

Responsible Party Information

Parent/guardian who brought the patient to this appointment

Name: ,
Last First MI

Relationship to patient: Mom Dad Legal Guardian

Family Status: Married Single Separated/divorced

Birth Date: / / (mm/dd/yyyy)

Social Security #: - -

Driver License #:

Address: Same as patient (If diff. please enter below)

City State Zip

Whom may we thank for referring you to our practice?

Caring Friends/Family Pediatrician
 Our Website Phone Book
 School Internet
 Insurance Company Work
 Direct-Mail Postcard Other Dental Office

Please write the name of the wonderful person, or entity who referred you:

Confirmation of Accuracy

Please sign below to confirm that: "I am the parent or legal guardian (responsible party), and I confirm that all the preceding information (including but not limited to patient, insurance, parent/responsible party information, etc.) is true and correct. If there is ever a change in the preceding information, I will inform the office before or at my child's next dental appointment without fail."

Signature of parent, or legal guardian (Responsible Party):

X _____ / /
Print Name Signature Date