



Welcome to Young Dentistry for Children!

Who may we thank for referring you to our practice (ex: name/google)? _____

Children/Patients:

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Household Information:

Name: _____

Relationship to child: _____

Marital Status: _____

Birthdate: _____ SS# _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Name: _____

Relationship to child: _____

Marital Status: _____

Birthdate: _____ SS# _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Who will be bringing the children to their appointments, other than their legal guardian and who do you **authorize** to give consent on your behalf?

Name: _____ Phone Number: _____ Relationship to Patient: _____

***Preferred number for text communications regarding appointments and your account.**

Name: _____ Contact number: _____

Form completed by _____ Relationship to Children _____ Date _____