



**PARENT INFORMATION**

**Parent/ Legal Guardian Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ **Cell / Work/ Home**

**Parent/ Legal Guardian Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ **Cell / Work/ Home**

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**CHILD INFORMATION**

**Child Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

What is your child's current gender identity?

- Male     Female     Non-binary     Decline to answer

Does/do your child/ren have preferred pronouns? If so, please specify: \_\_\_\_\_

**For families with multiple children, please list each child's name, date of birth, gender identity and pronoun below.**

**Child's Legal Name:** \_\_\_\_\_ **Preferred Name :** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_

**Child's Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_

**Child's Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_

**Child's Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_



**INSURANCE INFORMATION**

Do you have dental benefits you would like us to file for you? Y N

Insurance Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Member Soc. Sec. #: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

(Payment for Treatment is due at time of Service unless other arrangements have been made. Thank you.)