NORTHWOOD
Family Dental
CENTER

CHILD REGISTRATION FORM

This information is requested so that we may provide you the most comprehensive care possible. It is important to have complete answers so that we may give you the personal attention you deserve. This information is completely confidential. Thank you.

Patient Last Name_____ First Name_____ Middle Initial____ DOB_____

Address_____ City_____ State_____ Zip Code_____

Home Phone_____ Cell Phone_____ Work Phone_____

Father's Name_____ Father's SS #_____ Father's DOB_____

Father's Employer_____

Mother's Name_____ Mother's SS #_____ Mother's DOB_____

Mother's Employer_____

E-mail_____ ☐ I would like to receive correspondences via e-mail

Is your child experiencing any dental problems at this time? If so, please describe_____

_____

When was your child's last dental visit?_____ What was done then?_____

How did you hear about us?_____ Is your child covered by dental insurance?_____

Primary Insurance Information: Name of Insurance Company_____

Address_____ Phone Number_____

Policy Number_____ Group Number_____ Name of Insured_____

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other_____

Secondary Insurance Information: Name of Insurance Company_____

Name of Insured_____ SS #_____ DOB_____

Employer Name, Address & Phone_____

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other_____

I hereby authorize and request the performance of dental services for_____, age _____ by Dr. Alison Gomes and staff. I also give my consent to any advisable and necessary dental procedures, medications, or anesthetics to be administered by Dr. Gomes and staff for diagnostic purposes or dental treatment. I understand and acknowledge that I am financially responsible for the services rendered, regardless of insurance coverage.

_____ _____ _____

(Signature of Responsible Party) (Relationship to Child) (Date)