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DENTISTRY FOR CHILDREN

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GET ACQUAINTED QUESTIONNAIRE

Today's Date _____ New or Update Account Number _____

Child's Name _____ Soc. Sec. No. _____ Date of Birth _____

Phone _____ Age _____ Sex _____ School _____ Grade _____

Mailing Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Please List Brothers and Sisters _____

FATHER'S NAME _____ Date of Birth _____ Marital Status _____

Address _____ Soc. Sec. No. _____

Employer _____ Work Phone _____

Dental Insurance _____ Primary Secondary Group No. _____

Insurance Mailing Address _____ Phone _____

MOTHER'S NAME _____ Date of Birth _____ Marital Status _____

Address _____ Soc. Sec. No. _____

Employer _____ Work Phone _____

Insurance Mailing Address _____ Phone _____

Who is Responsible For This Account? _____

Your Bank _____ Account Number _____

In Case Of Emergency, Contact _____ Phone _____

Address _____ Relationship _____

IF ASSISTANCE IS RECEIVED FROM A STATE AGENCY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Agency _____

Child's I.D. Number _____ Legal Name _____

Adult's Name on Welfare Card _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

