

Drs. Erin & Randy Elliott

Pediatric Dentistry

Welcome to our practice!

Patient ID No. _____

Today's Date _____

We strive to make each of your child's visits pleasant and comfortable.
Our goal is to teach your child oral habits which will help keep their smile beautiful for their lifetime.

Your Child

Child's name _____
nickname _____ sex _____
e-mail _____
birthdate _____ age _____
Social Security No. _____
School _____ Grade _____
Child's home address _____
City, State, Zip _____
Phone _____
Name and age of brothers _____
Name and age of sisters _____

Mother Stepmother Guardian

Are you responsible for account? yes no

Name _____
e-mail _____
Home Phone _____
Work Phone _____
Cell Phone _____
Social Security No. _____
Address _____
(If different than child)
Employer _____

Father Stepfather Guardian

Are you responsible for account? yes no

Name _____
e-mail _____
Home Phone _____
Work Phone _____
Cell Phone _____
Social Security No. _____
Address _____
(If different than child)
Employer _____

Parent's Marital Status

Single Married
 Divorced Widowed Separated

Emergency contact _____
Name _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

Primary Dental Insurance

Insured's Name _____
Address _____
Relationship _____
Birthdate _____ Soc. Sec. No. _____
Employer _____
Insurance Company _____
Group No. _____ Emp. No. _____
Ins. Company Address _____
Comments _____

Additional Insurance

Insured's Name _____
Address _____
Relationship _____
Birthdate _____ Soc. Sec. No. _____
Employer _____ Date Employed _____
Insurance Company _____
Comments _____

over please

