

**LAKES PEDIATRIC DENTISTRY**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M\_\_ F\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M\_\_ F\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M\_\_ F\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: Mom: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Dad: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email-\_\_\_\_\_

Work: Mom: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Dad: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Parent: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Deceased: \_\_\_\_\_

Child Lives with: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Step Father/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Fathers Social Security No. \_\_\_\_\_ Step Father/Guardian Social security No. \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Step Mother/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mothers Social Security No. \_\_\_\_\_ Step Mother/Guardian Social Security No. \_\_\_\_\_

Primary Dental Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Employer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Dental Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Employer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Who was your child's previous dentist? \_\_\_\_\_

To whom may we thank for referring you to our office? \_\_\_\_\_

**Financial Responsibility**

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered. I also acknowledge it is my responsibility to know and understand my insurance coverage and agree to pay all fee's that my insurance does not cover. I further understand that if a payment becomes 60 days past due, I will be subject to a \$15 monthly statement fee and my account can/will be sent to a collection agency. At such time I will be responsible for all collection/attorney fees. If I cancel an appointment without a 24 hour notice, a fee of \$50 can/will be assessed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_