

UNITED DENTAL ARTS

Welcome

Child

Patient Information (Confidential)

Today's Date _____

Name _____ I prefer to be called _____
(First) (MI) (Last)

Birthdate ____/____/____ M F School _____

Address _____
(Street) (City) (State) (Zip)

Whom may we thank for referring you? _____

Other family members seen by us _____

We prefer to confirm appointments through email. If this works for you, please list an email address
If you do not have email or do not check it regularly, please
list the best phone number to reach you during daytime hours. _____

Father Information (or Legal Guardian)

Father _____

Birthdate _____ Soc Sec # _____ Drivers Lic # _____

Address _____
(Street) (City) (State) (Zip)

Phone Numbers _____
Home Work Cell Other

Employer _____ Occupation _____

Address _____

Mother Information

Mother _____

Birthdate _____ Soc Sec # _____ Drivers Lic # _____

Address _____
(Street) (City) (State) (Zip)

Phone Numbers _____
Home Work Cell Other

Employer _____ Occupation _____

Address _____

Responsible Party

Name on Account (Whose name is to appear on billing statements?) My Father's Name My Mother's Name

Insurance Subscriber

Name of Plan