

Hollywood Children's Dentistry

General Information

Child's Name _____

Parent Name _____

DOB _____ SSN (required) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____ Occupation _____

Parent Name _____

DOB _____ SSN (required) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____ Occupation _____

Child's Insurance Information:

Subscriber Name: _____

Dental Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

Group Number: _____

Member ID Number: _____

Name and phone number of the nearest friend or relative in case of emergency:

Whom may we thank for recommending our office? _____

I hereby authorize my insurance company to make payment directly to Hollywood Children's Dentistry and authorize release of any necessary and pertinent documents.

Signature

Date