

Hollywood Children's Dentistry General Information

Parent Name _____ Home phone _____

Cell phone _____ Work phone _____

Address _____ City _____ Zip _____

Employer _____ Occupation _____

Birth Date _____ Social Security # _____

Parent's Dental Insurance Company: _____

Address: _____

Phone # of Dental Insurance Company: _____

Group/Policy Number: _____

Parent Name _____ Home phone _____

Cell phone _____ Work phone _____

Address _____ City _____ Zip _____

Employer _____ Occupation _____

Birth Date _____ Social Security # _____

Parent's Dental Insurance Company: _____

Address: _____

Phone # of Dental Insurance Company: _____

Group/Policy Number: _____

Name of nearest friend or relative in case of emergency: _____

Address _____ Phone: _____

Whom may we thank for recommending this 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