| | | | | _ | | Date | 1 | |
|---|-----|----------|---|---|-------------|---------------|-------|---|
| Child's name | | | Nickname | | Age | Birth da | ate | _ |
| Residence address | | | City | | State | Zip | | |
| | | | | | Olelle | | | |
| School | | | Address | | | Grade | | |
| Father's name | | | Mother's name | | | | | |
| Father employed by | | | How long | Home phone | | Bus. ph | enon | |
| Mother employed by | | | How long | Home phone | | Bus. ph | one | |
| Person financially responsible (if other than parent) | | | | Relationship to | child | | | |
| Address | | | City | State | Zip | Phone | | |
| Father's Social Security number | | | Driver license no. | | 10-11-10 | State | | |
| Mother's Social Security number | | | Driver license no. | * | | State | | |
| Father's birth date | | | Mother's birth date | | | | | _ |
| Credit card name | | | No. | Expiration date | | | | |
| When dental insurance coverage name of carrier | | | | | | | | |
| Secondary insurance coverage, if any | | | | | | | | - |
| Whom may we thank for referring you | | | | | | | | |
| | | | | | | | - | |
| | | | hohhu | 00000 | | fictional cho | racto | AF. |
| What is child's favorite: sport toy | | | hobby | person | | fictional cha | racte | er |
| | DEN | NTAL | hobby | person | | fictional cha | racte | |
| What is child's favorite: sport toy Date of last visit to a dentist | DEN | NTAL | HISTORY Does your child bru | sh leeth daily | | fictional cha | | N- |
| What is child's favorite: sport toy | _ | | HISTORY Does your child bru Do you assist child | | | fictional cha | Yes | N |
| What is child's favorite: sport toy Date of last visit to a dentist For what service | Yes | No | HISTORY Does your child bru Do you assist child How often | sh teeth daily_ with tooth brushing _ | | | Yes | N |
| What is child's favorite: sport toy Date of last visit to a dentist | Yes | | Does your child bru Do you assist child How often Is dental floss used | sh leeth daily with tooth brushing _ | | | Yes | N- |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often | sh teeth daily with tooth brushing _ | | | Yes | N C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service | Yes | No | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table | sh teeth daily with tooth brushing ts used | | | Yes | N C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table | sh teeth daily with tooth brushing _ | | | Yes | N C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a | sh teeth daily with tooth brushing ts used any form | | | Yes | N C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a | sh teeth daily with tooth brushing ts used | | | Yes | N C C C C C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a | sh teeth daily with tooth brushing ts used any form | | | Yes | N C C C C C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head Any mouth habits - thumbsucking, nall biting, mouth | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a | sh teeth daily with tooth brushing ts used any form | r the child | | Yes | N C C C C C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head Any mouth habits - thumbsucking, nall biting, mouth | Yes | No 🗆 | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a | sh teeth daily with tooth brushing ts used any form plete dental service fo | r the child | | Yes | N C C C C C |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head Any mouth habits - thumbsucking, nall biting, mouth breathing, nursing bottle habits, pacifier, etc. | Yes | No D | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a Do you desire comp | sh teeth daily | r the child | | Yes | N. C. |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head Any mouth habits - thumbsucking, nall biting, mouth breathing, nursing bottle habits, pacifier, etc. Any unusual speech habits Any lost teeth | Yes | No | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a Do you desire comp | sh teeth daily with tooth brushing ts used any form plete dental service for | r the child | | Yes | N. C. |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head Any mouth habits - thumbsucking, nall biting, mouth breathing, nursing bottle habits, pacifier, etc. Any unusual speech habits | Yes | No D D D | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a Do you desire comp Child's attitude to desire comp | sh teeth daily | r the child | | Yes | N. C. C. C. C. C. |
| What is child's favorite: sport toy Date of last visit to a dentist For what service Has child complained about dental problems Any unhappy dental experiences Any injuries to mouth - teeth - head Any mouth habits - thumbsucking, nall biting, mouth breathing, nursing bottle habits, pacifier, etc. Any unusual speech habits Any lost teeth | Yes | No | Does your child bru Do you assist child How often Is dental floss used How often Are disclosing table Is fluoride taken in a Do you desire comp | sh teeth daily | r the child | | Yes | N. C. C. C. C. C. |