Your Child

Full Name _____Birthdate_____ □ Male □ Female

Full Name _____Birthdate_____ □ Male □ Female

Full Name _____Birthdate_____ □ Male □ Female

Full Name _____Birthdate_____ □ Male □ Female

□ **Mother** □ Stepmother □ Guardian

Name_____

SSN_____DOB_____

Address _____

City_____State_____Zip_____

Cell Phone _____

Home Phone_____

Employer _____

□ **Father** □Stepfather □ Guardian

Name_____

SSN_____DOB_____

Address _____

City _____State_____Zip_____

Cell Phone_____

Home Phone_____

Employer _____

Primary Dental Insurance

Insured's Name_____

SSN/ID_____DOB_____

Employer_____

Insurance Name_____

Phone #_____

Group#_____

Medicaid# _____

Additional Insurance

Insured's Name_____

SSN/ID_____DOB_____

Employer_____

Insurance Name_____

Phone #_____

Group#_____

Medicaid#_____

In case of emergency, who can we contact? (besides parent or guardian)

Name_____ Relationship to Patient_____ Phone# _____

Parent's Marital Status: □ Single □ Married □ Divorced □ Separated

How did you hear about our office? □ Friend_____ □ Flyer □ Building

□ Drove By □ Insurance Plan □ Yellow Pages □Internet □Website □ Dentist _____

□Other _____

Preferred Language: □ English □ Spanish

Contact Preference: □ Mail □ Phone □ Email _____

Consent for Dental Treatment

I request and authorize Carson Ctiy Pediatric staff to examine, clean, and provide dental treatment on my child's teeth. I further request and authorize the taking of dental x-rays as may be considered necessary by Dr. Olson or Dr. John to diagnose and/ or treat my child's dental problem. I will allow photographs to be taken of my child or child's teeth for diagnostic or educational purposes. I understand that dental treatment for children includes efforts to guide their behavior by helping them to understand the treatment in terms appropriate for their age. Dr. Kevin Olson, Dr. Jeremy John and assistants will provide and environment likely to help children learn to cooperate during treatment by using praise, explanation and demonstration of procedures and instruments. I will be responsible for any charges incurred on this child for dental treatment.

Parent/Guardian Name _____ Signature _____Date _____