



Dentistry Designed for Kids!

Today's Date: ___/___/___

Information about your child:

Child's Name: _____ Preferred Name: _____ Gender: _____
(Nick Name)

Age: _____ Date of Birth: ___/___/___ School: _____ Grade: _____

Do we see any of this child's siblings (if yes please list): _____

Address at which child resides: _____ City: _____ State: ___ Zip: _____

Phone number associated with this address: _____

Please list any favorite interests such as favorite toys, activities or pets that may help us to make your child feel more at home in our office: _____

Mothers Information: (Guardian [] / Stepmother [])

Name: _____ / / (Birth Date)

Phone: _____ / (Cell) (Alternate)

SS#: _____

Employer: _____ / (phone)

Fathers Information: (Guardian [] / Stepfather [])

Name: _____ / / (Birth Date)

Phone: _____ / (Cell) (Alternate)

SS#: _____

Employer: _____ / (phone)

Person Responsible for Account

Name: _____ Relation to patient: _____

Billing Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ / (Cell) (Work)

Person Responsible for making appointments: _____ Phone: _____

Insurance Information

Primary Insurance:

Insured's Name: _____

Date of Birth: ___/___/___

Relationship to patient: _____

Social Security #: _____

Employer: _____

Work Phone #: _____

Dental Insurance Company: _____

Phone #: _____

Insurance Company Address: _____

City: _____ State: ___ Zip: _____

Group #: _____

Secondary Insurance:

Insured's Name: _____

Date of Birth: ___/___/___

Relationship to patient: _____

Social Security #: _____

Employer: _____

Work Phone #: _____

Dental Insurance Company: _____

Phone #: _____

Insurance Company Address: _____

City: _____ State: ___ Zip: _____

Group #: _____

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