

Date _____

Welcome

to our practice!!
We strive to make each of your child's visits pleasant and comfortable. Our goal is to teach your child oral habits which will help keep their smile beautiful for their lifetime.

*Schultz
Family
Dentistry*

Responsible Party

Name _____
Relationship _____
Address _____
Social Security # _____
Driver's License # _____

Your Child

Child's Name _____
Nickname _____ Sex _____
Birthdate _____ Age _____
Soc. Sec. # _____
Child's Home Address _____
City, State, Zip _____
Phone _____

Mother

Stepmother Guardian

Name _____
Home Phone _____
Work Phone _____
Social Sec. # _____
Employer _____
Occupation _____
Driver's Lic. # _____

Father

Stepfather Guardian

Name _____
Home Phone _____
Work Phone _____
Social Sec. # _____
Employer _____
Occupation _____
Driver's Lic. # _____

Primary Dental Insurance

Insured's Name _____
Relationship _____
Birthdate _____ Social Security # _____
Employer _____
Occupation _____

Insurance Company _____ Group # _____
Insurance Company Address _____

Secondary Dental Insurance

Insured's Name _____ Relationship _____
Birthdate _____ Social Security # _____
Employer _____ Occupation _____
Insurance Company _____ Group # _____
Insurance Company Address _____

Parent's Marital Status

Married Single
 Divorced Widowed
 Separated

Who is Responsible for Making Appointments?

Name _____
Home Phone _____
Work Phone _____
Best Time to Call _____