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Welcome...

1. Childs Name: First _____ MI _____ Last _____

DOB: _____ Age: _____ Male/ Female

Mailing Address: _____ City/ State/ Zip _____

Father: _____

Mother: _____

DOB: _____ SSN: _____

DOB: _____ SSN: _____

Phone: _____

Phone: _____

Address if different from child: _____

Address if different from child: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Phone: _____

Phone: _____

Child lives with: Father Mother Both Other

Marital Status of Parents: Married Single Divorced Separated Widowed

If appropriate- Name of legal Guardian: _____ Phone: _____

Emergency Contact: _____ Relationship _____ Phone: _____

Primary Insurance: _____

Secondary Insurance: _____

Subscriber: _____

Subscriber: _____

2. Childs Name: First _____ MI _____ Last _____

DOB: _____ Age: _____ Male/ Female

Mailing Address: _____ City/ State/ Zip _____

Father: _____

Mother: _____

DOB: _____ SSN: _____

DOB: _____ SSN: _____

Phone: _____

Phone: _____

Address if different from child: _____

Address if different from child: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Phone: _____

Phone: _____

Child lives with: Father Mother Both Other

Marital Status of Parents: Married Single Divorced Separated Widowed

If appropriate- Name of legal Guardian: _____ Phone: _____

Emergency Contact: _____ Relationship _____ Phone: _____

Primary Insurance: _____

Secondary Insurance: _____

Subscriber: _____

Subscriber: _____

Who may we thank for referring you to our office? _____

Assignment and Release: I certify that I, and/or my dependent(s), have insurance coverage with _____ and assign directly to Deer Creek Children's Dentistry all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

Signature: _____ Date: _____ Relationship: _____

Please print name of Patient, Parent, Guardian/ Personal Representative: _____