

**Lakewood Dental Group**

**Child Patient Form**

**Welcome to our office! Our goal is to make your child's visit pleasant, educational and fun. We practice preventive dentistry and try to pass on good habits that will enable your child to have a happy, healthy smile that will last a lifetime.**

Childs Name (First, Middle, Last) \_\_\_\_\_ Date: \_\_\_\_\_

Child DOB: \_\_\_\_\_ Age: \_\_\_\_\_ MALE / FEMALE Child's SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

**Who Is With The Child Today?**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Do you have legal custody of child: Yes/ No

**Person Responsible For Account:**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
- Employer: \_\_\_\_\_ SSN #: \_\_\_\_\_ Driver Licenses: \_\_\_\_\_

**Who Is Responsible For Making Appointments?**

- Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Mothers Information:**

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
- Phone #: \_\_\_\_\_

**Fathers Information:**

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
- Phone #: \_\_\_\_\_

**Primary Dental Information**

- Policy Owner Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
- Policy Owner Employer: \_\_\_\_\_ Ins Name \_\_\_\_\_
- Subscriber ID: \_\_\_\_\_ Group #: \_\_\_\_\_

**Secondary Dental Information- (If Applicable)**

- Policy Owner Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
- Policy Owner Employer: \_\_\_\_\_ Ins Name \_\_\_\_\_
- Subscriber ID: \_\_\_\_\_ Group #: \_\_\_\_\_