Orthodontic Acquaintance Card - Child

Patient name_______________________________ Name patient goes by_______________

Date of birth_____/_____/_______ Age________ M or F ________

Home Address_______________________________________ Apt. ______________

City__________________________ State______ Zip_________

Home Phone_(_____)_______________Email______________________________________

Patient's school_____________________________________ Grade___________

Referred by_____________________________ Have you seen another orthodontist? Y N

Patient's dentist_________________________ Patient's physician_____________________

Parent Information:

Mother's name________________________________

Work Phone_(_____)_________________Cell Phone (_____)______________

Home phone (if different from patient) (____)___________________

Address (if different from patient)____

City___________________________ State_____ Zip_________

Father's name________________________________

Work Phone_(______)_________________Cell Phone (_____)_______________

Home phone (if different from patient) (____)___________________

Address (if different from patient)____

City___________________________ State_____ Zip_________

Insurance Information:

Person or persons responsible for account_______________________________

Home Phone_(______)____________________

Address if different from patient_______________________________________

City__________________________ State_____ Zip_________

Dental Insurance Carrier____________________________________

Does your insurer provide orthodontic coverage? Y N unsure

Subscribers Name____

Subscribers Social Security #_________________________________

Subscribers DOB____

Insurance ID # ____

Insurance Group #____

Employer____

Employer Address____

City__________________________State_______Zip______________

Have we seen any other members of your family?
Name: __________________________

What is the patient's attitude toward receiving orthodontic treatment? _______________
____

Would you think the patient's cooperation would be __Excellent __Good __Fair __Poor?