

Alameda Pediatric Dentistry

Alameda (510) 521-5437 • Pleasanton (925) 846-5437 • Oakland (510) 763-5437

Parent/Guardian Responsible for Account _____

Address _____ City _____ Zip _____

Home # _____ Work # _____ Emg/Cel# _____

Social Security # _____ Birth Date _____ Driver's License # _____

Email Address _____

Employer _____ Occupation _____

Employer's Address _____ City _____ Zip _____

Dental Insurance with this Employer? Yes No

Insurance Company _____ Group Name _____

Group or Policy # _____ Local # _____

Spouse's Name _____

Address (if different from above) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Emg/Cel# _____

Social Security # _____ Birth Date _____ Driver's License # _____

Email Address _____

Employer _____ Occupation _____

Employer's Address _____ City _____ Zip _____

Dental Insurance with this Employer? Yes No

Insurance Company _____ Group Name _____

Group or Policy # _____ Local # _____

Parents Marital Status: Single Married Widowed

Divorced (if divorced) Child resides with: _____ Who has Custody? _____

Do parents and child all live together? Yes No If no, explain _____

CHILD'S HISTORY

Name _____ Preferred Name _____

Male Female Birth Date _____ Age _____

School Name _____ Weight _____

Sports and/or Hobbies: _____ Musical Instruments Played _____

Name of former Dentist _____ City _____ Last Visit _____

How did you hear about our office? _____

Has any member of your family been a patient of this office before? Yes No

Name(s) _____

Current dental problems _____

I authorize routine dental diagnostic procedures for my child. If I accept the proposed treatment plan for my child after examination, I also agree to the use of anesthetics and pre-medications considered necessary or advisable by the dentist for the comfort and well being of my child.

As a courtesy to you, our office will bill your insurance. We do our very best to collect from your carrier. However, we must inform you that YOU are ultimately responsible to know your benefits and for any and ALL account balances. All past due balances are subject to a finance charge of 1 ½ % per month, which is an annual rate of 18% and/or are subject to all legal and collection expenses. Cancellation fees may apply after 48 hrs. of notice.

Parent/Guardian _____ Date _____