

DENTAL CARE FOR KIDS

CHILD

Name _____

Nickname _____

Birthdate _____ Boy Girl

Address _____

City _____ Zip _____

Child lives with _____

My child is covered under the ID Smiles Program

YES MID# _____ NO

CHILD

Name _____

Nickname _____

Birthdate _____ Boy Girl

Address _____

City _____ Zip _____

Child lives with _____

My child is covered under the ID Smiles Program

YES MID# _____ NO

How did you hear about Dental Care for Kids/whom can we thank (Child's name)?

May we contact you through email or text?

YES NO

I have read the HIPPA Privacy Policy and Dental Care for Kids financial Policy (on clip board).

Signature _____

CHILD'S MOTHER

Name _____

Birthdate _____

Address _____

City _____ Zip _____

Married (spouse) _____ Single

SSN or Driver License _____

Cell Phone _____

Email _____

Employer _____

Dental Insurance Co _____

Group Number _____

Insurance ID# _____

Insurance Phone # _____

CHILD'S FATHER

Name _____

Birthdate _____

Address _____

City _____ Zip _____

Married (spouse) _____ Single

SSN or Driver License _____

Cell Phone _____

Email _____

Employer _____

Dental Insurance Co _____

Group Number _____

Insurance ID# _____

Insurance Phone # _____