



KAYSVILLE Pediatric Dental

New Patient Information

Tell Us About Your Child (Children)

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Birthdate: _____

Birthdate: _____

Age: _____ Male/Female

Age: _____ Male/Female

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Birthdate: _____

Birthdate: _____

Age: _____ Male/Female

Age: _____ Male/Female

Address: _____
Street City State Zip

Email Address: _____

Check here if you'd like to receive email reminders for appointments

Whom may we thank for referring you? (Please circle one) Website Phone Book Mailing

Family/Friends (name) _____ Referring Dentist (name) _____

Have we seen any of your other children in our office? _____

Mother's Information

Mother Stepmother Legal Guardian

Name: _____

Address if different: _____
Street City State Zip

Birthdate: _____ SSN: _____ Marital Status _____

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Employer: _____



Father's Information

Father Stepfather Legal Guardian

Name: _____

Address if different: _____
Street City State Zip

Birthdate: _____ SSN: _____ Marital Status _____

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Employer: _____

Nearest relative not living at the same address:

Name: _____ Phone: _____ Relationship _____

Insurance Information

1. Primary Dental Insurance: _____

Address: _____ Phone#: _____

Subscriber's Name: _____

Insurance Id#: _____ Group#: _____

2. Secondary Dental Insurance: _____

Address: _____ Phone#: _____

Subscriber's Name: _____

Insurance Id#: _____ Group#: _____

3rd Dental Insurance: We do not bill 3rd insurances, but will be happy to help you complete a dental claim to submit yourself.

Extra Page if needed for additional children

Tell Us About Your Child (Children)

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Birthdate: _____

Birthdate: _____

Age: _____ **Male/Female**

Age: _____ **Male/Female**

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Birthdate: _____

Birthdate: _____

Age: _____ **Male/Female**

Age: _____ **Male/Female**
