

# CHILDREN'S DENTISTRY OF RANCHO CUCAMONGA

Welcome to our practice!

We strive to make each of your child's visits pleasant and comfortable.  
Our goal is to teach your child oral habits which will help keep their smile beautiful for their lifetime.

## Your Child

Child's Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Sex \_\_\_\_\_  
DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Child lives with \_\_\_\_\_

Mother  Stepmother  Guardian

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Employer \_\_\_\_\_

Father  Step Father  Guardian

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Employer \_\_\_\_\_

## Parent/Guardian Marital Status

Single  Married  Separated  
 Divorced  Widowed

## Primary Dental Insurance

Insured's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Employer \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Phone \_\_\_\_\_  
Group No. \_\_\_\_\_  
Address \_\_\_\_\_

## Secondary Dental Insurance

Insured's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Employer \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Phone \_\_\_\_\_  
Group No. \_\_\_\_\_  
Address \_\_\_\_\_

## Who makes this child's appointments (responsible party)

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Best time to call \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Who may we thank for your referral \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_