Adel DENTAL GROUP

Child Patient Information

Child's Name:_____ Nickname:_____

Date of Birth:_____ Grade:_____ □ Male □ Female

Address:_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Information

Parent Name: _____ Relationship:_____

Address:_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Date of Birth: _____ Social Security Number: _____

Parent/Guardian Information

Parent Name: _____ Relationship:_____

Address:_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Date of Birth: _____ Social Security Number: _____

With whom does the child reside? □ **Mother** □ **Father** □ **Both** □ **Other** _____

Person responsible for payment:_____

THE BIGGEST COMPLIMENT OUR PATIENTS CAN GIVE US IS THE REFERRAL OF THEIR FAMILY AND FRIENDS!

Whom may we thank for referring you? _____ Is he/she a patient here? □ Yes □ No

□ Building sign
□ Insurance Company
□ Mailer/Advertisement
□ Google
□ Yellow Pages
□ Adel Dental Website
□ Other
_____
_____

Previous Dentist: _____

DENTAL INSURANCE INFORMATION

Primary Dental Insurance Information

Subscriber's Name:_____
Subscriber's Birthdate: _____
Subscriber's SSN or Carrier ID: _____
Employer Name:_____
Policy #: _____
Insurance Company:_____
Insurance Address & Phone:_____
_____

Secondary Dental Insurance Information

Subscriber's Name:_____
Subscriber's Birthdate: _____
Subscriber's SSN or Carrier ID: _____
Employer Name:_____
Policy #: _____
Insurance Company:_____
Insurance Address & Phone:_____
_____

I hereby authorize Dr. Anderson and/or his associates to perform any and all treatment for my child and consent to such methods, drugs, and agents as my be indicated in connection with his/her dental care. This consent shall remain in effect until canceled.
Please note: Payment is expected at time of services. If you provide proper insurance information, we will file your insurance as a courtesy. However, you are responsible for your account within the limits of our credit policy, regardless of insurance coverage.

Signature of Parent/Guardian: _____