

## Young Adult

We would like to welcome you to our office. Our goal is to make every visit pleasant and educational. We strive to teach good oral care that will enable you to have a beautiful smile that lasts a lifetime.

TELL US ABOUT YOU: Today's Date:	Parent Information: Who is accompanying you today?
Name:	Name: Relation:
Last First Mi	Does this person have legal custody of you? □Yes □ No
Nickname: □ Male □ Female	Parent's Marital Status: (Please Circle)
Birthdate: / / Age:	Single Widowed Married Divorced Separated Partnered
School: Grade:	emg. That was married broken department farmered
Birthdate:        //         Age:            School:          Grade:            College:          SS #:	Mother's Information: □ Step Mother □ Guardian
E-mail Address:	Name: Birthdate://
Hobbies / Sports:	
Tiobbles / Sports	Email Address:
I I I I	Call Phone: \ \ \ Coll Phone: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Home Phone: ()	Cell Priorie 55 #
Home Address:	Employer:
II A POLIT	Father's Information:   Step Father   Guardian
City State Zip	Name:
Whom may we Thank for referring you?	Name: Birthdate:/
W 1997-17	Email Address:
Previous / Present Dentist:	Wk Phone:()Hm Phone:()
(Please Circle)	Cell Phone:()SS #:
Last visit date:	Employer:
Other family members seen by us with Birthdate:	D D
Name Birthdate	Person Responsible For Account:
7 5	Name: Relation:
	Employer: DL #:
	Wk #:()Cell #:()
	Billing Address:
Who is responsible for making appointments?	
Name: Relation:	City State Zip
Work Phone: ()_	Previous Address:
Home Phone: (	h
Tionic Thoric.	City State Zip
Primary Dental Insurance:	Casandama Dantal Insurances
1	Secondary Dental Insurance:
Orthodontic Coverage?	Orthodontic Coverage?
Insurance Co. Name:	Insurance Co. Name:
Insurance Co. Address:	Insurance Co. Address:
	<u></u>
City State Zip	City State Zip
Insurance Co. Phone #: ()	Insurance Co. Phone #: ()
Group # (Plan, Local or Policy #):	Group # (Plan, Local or Policy #):
Policy Owner's Name:	Policy Owner's Name:
	Policy Owner's Name:
Relationship to Policy Owner:	Relationship to Policy Owner:
Policy Owner's Birthdate://_ SS #:	Policy Owner's Birthdate://SS #:
Policy Owner's Employer:	Policy Owner's Employer:
Employer's Address:	Employer's Address:
Annual Annual Control	Det Const
City State Zip	City State Zip

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