

JENSEN PEDIATRIC DENTISTRY

Regina Jensen, DDS, PA

Please inform us if your child has had fever or any contagious condition in the last 24-48 hrs

Today's Date: ____/____/____

Who is accompanying your child today?

Do you have legal custody of this child? Y N

Child's Information

Name: _____

Male Female Age: _____

Birthdate: ____/____/____ SSN: ____-____-____

Home address: _____

Child's hobbies/interests: _____

Other family members we treat: _____

How did you hear about our office?

Parent/Legal Guardian Information

Mother's name: _____

Mother Stepmother Guardian

Date of birth: ____/____/____

SSN: ____-____-____

Cell phone: _____

E-mail: _____

Occupation: _____

Employer: _____

Work phone: _____

Primary Dental Insurance Information

Policy owner's name: _____

Relationship to child: _____

Policy owner's employer: _____

Insurance name: _____

Insurance phone #: _____

Insurance address: _____

City state zip

Subscriber ID (SSN) # _____

Group # _____

Father's Name: _____

Father Stepmother Guardian

Date of birth: ____/____/____

SSN: ____-____-____

Cell phone: _____

E-mail: _____

Occupation: _____

Employer: _____

Work phone: _____