Pediatric SMILES
DENTISTRY FOR CHILDREN AND TEENS

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Bedford, TX 76021
Phone: (817) 283-8600
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Patient Information

Thank you for choosing Pediatric Smiles for your child's dental needs. Please fill out this form completely in order to help us understand and care for your child better. If you have any questions or concerns, please do not hesitate to ask for assistance.

Patient's Name _____ Nickname _____
Last First M.I.

Sex: ☐ M ☐ F Date of Birth _____ Age ____ Home Phone (_____) _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____

Emergency Contact _____ Phone (____) _____ Relationship to patient _____

Parent / Guardian Information

Name _____ Responsible Party ☐	Name _____ Responsible Party ☐
☐ Mother ☐ Father ☐ Other _____	☐ Mother ☐ Father ☐ Other _____
Date of Birth ___ ___ _____ Driver license # _____	Date of Birth ___ ___ _____ Driver license # _____
Home address _____	Home address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Home (____) _____ Cell (____) _____	Home (____) _____ Cell (____) _____
E-mail address _____	E-mail address _____
Occupation _____	Occupation _____
Name of Employer _____	Name of Employer _____
Work (____) _____	Work (____) _____
Dental Insurance _____	Dental Insurance _____
Insurance Phone (____) _____ Policy # _____	Insurance Phone (____) _____ Policy # _____
SSN / ID Number _____	SSN / ID Number _____

Whom may we thank for referring your child to us? _____

Authorization

I understand the office policies that I am responsible for all charges incurred to my child's dental treatments regardless of insurance coverage and payment is due at the time services are rendered. This office will submit claims to the provided insurance carrier. Parent or guardian who requests treatment for this child will be responsible for the balance owed if our office does not receive payment from your insurance carrier within 60 days after filing date. However, we will refund or credit back to the patient's account once the payment is received from insurance carrier. I grant my permission to this office assignee, to telephone me at home or at work to discuss matters related to this form.

I have read the above conditions of treatment and agree to their content.

_____ Date _____
Signature of parent or guardian