Welcome to Naylor Orthodontics

Tell Us About Your Child

Person Responsible for Account

Today's Date:		Nickname:	Name:	Relation:	
Child's Name: Birthdate: Age: M F			Billing Addres	SS:	5 2 8
Birthdate:	Age	M F		701	
School: Grade:			Home#: Work#:		_
Hobbies/Sports:			Driver's License#:		
Child's Home #:			Social Security #:		
Child's Home Address:			Employer:		_
			- mont	er er	
E-mail Address:				responsible for making a	ppointments?
Other Family Members Seen by us			Name:	Work#:	
General Dentist: Date of last cleaning/visit: Previous Orthodontic Exam?			Cell#:	Home#	
Date of last clea	ning/visi	t:			
Previous Orthod	iontic Ex	am?			
Chief Complain	t:	. II allin i			
Who is Ac	company	ing Your Child Tod	ay Primary (Orthodontic Insurance	
Name:			In assument as Co M	Insurance Co Name:	
Name: Do you have legal custody of this child:			Insurance Co Name:		
Do you have legal custody of this child:			Insurance Co Address:		
			Insurance Co Phone:		
			Group: Policy Owner's Name:		
Parental Information			Relationship to Patient:		
r arentar information			ID#.		
Marital Status:			Policy Owner's Employer		
□Mom .	□Dad	Guardian	Employer's Ad	ldress:	no-reneral de la
Name:		Birthdate:	p.10, 41 0 114		The second of the second of
Name:Birthdate: Work#:Home#:					
Employer:			Second	lary Insurance	
Job Title:			7 5 3		
SS#		DL#	Insurance Co N	Vame;	
			Insurance Co A	Insurance Co Address:	
			Insurance Co P	Insurance Co Phone#:	
Name:		_Birthdate;	Group#:		
Work#		_Home#	Policy Owner's Name:		
Employer:			Relationship to	Patient:	
Job Title:		DL#	Policy Owner's	s Birthdate:	
SS#		DL#	ID#		
∘Mom	oDad	oGuardian o	Policy Owner'	s Employer:	tosW mon
			Employee's Ad	Idana	
			Employer's Ad	ldress	
	Tellier				
I authorize the o including dental	ffice, to particular to the first term of the fi	perform necessary de	ental services that i	my child may need at thi	s appointment,
Y				*	