

Welcome to Naylor Orthodontics

Tell Us About Your Child

Person Responsible for Account

Today's Date: _____ Nickname: _____
Child's Name: _____
Birthdate: _____ Age: _____ M _____ F
School: _____ Grade: _____
Hobbies/Sports: _____
Child's Home #: _____
Child's Home Address: _____

Name: _____ Relation: _____
Billing Address: _____
Home#: _____ Work#: _____
Driver's License#: _____
Social Security #: _____
Employer: _____

E-mail Address: _____
Other Family Members Seen by us _____
General Dentist: _____
Date of last cleaning/visit: _____
Previous Orthodontic Exam? _____
Chief Complaint: _____

Who is responsible for making appointments?

Name: _____ Work#: _____
Cell#: _____ Home# _____

Who is Accompanying Your Child Today

Primary Orthodontic Insurance

Name: _____
Do you have legal custody of this child: _____

Insurance Co Name: _____
Insurance Co Address: _____
Insurance Co Phone: _____
Group: _____
Policy Owner's Name: _____
Relationship to Patient: _____
ID#: _____
Policy Owner's Employer _____
Employer's Address: _____

Parental Information

Marital Status: _____
 Mom Dad Guardian
Name: _____ Birthdate: _____
Work#: _____ Home#: _____
Employer: _____
Job Title: _____
SS# _____ DL# _____

Secondary Insurance

Name: _____ Birthdate: _____
Work# _____ Home# _____
Employer: _____
Job Title: _____
SS# _____ DL# _____
 Mom Dad Guardian

Insurance Co Name: _____
Insurance Co Address: _____
Insurance Co Phone#: _____
Group#: _____
Policy Owner's Name: _____
Relationship to Patient: _____
Policy Owner's Birthdate: _____
ID# _____
Policy Owner's Employer: _____
Employer's Address _____

I authorize the office, to perform necessary dental services that my child may need at this appointment, including dental x-rays.

X _____