



Dr. Shur D.D.S



Tell Us About Your Child

Today's Date _____

Child's Name _____

Birthday ____/____/____ Age ____ Boy/Girl

SS# ____-____-____

Child's Home Address _____

Home # _____ Cell# _____

What Grade is your Child in? _____

What School does your Child Attend? _____

Who Is Accompanying The Child Today

Name _____

Relationship to Child _____

Who may we thank for referring you to our office?

Any other family members seen by us? ____ Who?

Parents Information

Mothers Information

Name _____ Birthday ____./____/____

Natural Mother/Step Mom/Guardian/Other

Home# _____ Cell# _____

Fathers Information

Name _____ Birthday ____./____/____

Natural Father/Step Dad/Guardian/Other

Home# _____ Cell# _____

Person Responsible For Account

Name _____ Relation _____

Billing Address _____

Employer _____

Home# _____ Cell# _____

Work# _____ Other# _____

Email _____

Who is Responsible for making Appointments

Name _____ Home# _____

Cell# _____ Work# _____

Email _____

Insurance Information for Child

Primary Dental Insurance

Insurance Co. Name _____

Insurance Co. # _____

Group# _____

Policy Holder Name _____

Birthday ____/____/____ SS# ____-____-____

ID#/SS# _____

Relation to Child _____

Secondary Dental Insurance

Insurance Co. Name _____

Insurance Co. # _____

Group# _____

Policy Holder Name _____

Birthday ____/____/____ SS# ____-____-____

ID#/SS# _____

Relation to Child _____



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