

PERSONAL INFORMATION - CHILD

DR. ED HOBEN

The following information is required to enable us to provide you with the best possible dental care. Please fill in the entire form. All information is strictly private, and is protected by doctor-patient confidentiality.

If necessary, please do not hesitate to ask the receptionist for assistance in completing this form.

NAME: _____
Last Name First Name

DATE OF BIRTH (DAY/MONTH/YEAR): _____ / _____ / _____

RES. TELEPHONE # (_____) _____ CELLULAR OR PAGER # (_____) _____

RES. ADDRESS _____
Street City Province Postal Code

FATHER'S NAME _____ EMPLOYER/OCCUPATION _____

BUSINESS TELEPHONE # (_____) _____ MAY WE CONTACT YOU AT WORK? YES NO

MOTHER'S NAME _____ EMPLOYER/OCCUPATION _____

BUSINESS TELEPHONE # (_____) _____ MAY WE CONTACT YOU AT WORK? YES NO

EMAIL ADDRESS _____

PREFERRED METHOD OF CONTACT (Circle One): HOME # CELL EMAIL

DO YOU HAVE DENTAL INSURANCE? YES NO INSURANCE COMPANY _____

HOW WILL YOU BE TAKING CARE OF YOUR ACCOUNT TODAY? CASH VISA DEBIT MASTERCARD

REFERRED BY _____

DENTAL HISTORY:

1. When was your child's last dental visit? _____ Reason for visit _____

2. Did your child have any x-rays at their last dental visit? YES NO NOT SURE

3. Is your child having any dental discomfort or pain and/or what is your chief concern? If yes, please explain. YES NO NOT SURE

4. Is your child actively involved in sports and if so does he/she wear a mouth guard? YES NO NOT SURE

5. Please list any additional information you wish to discuss with the dentist.

PATIENT'S OR GUARDIAN'S CONSENT FOR TREATMENT:

I hereby consent to the dental and oral surgical procedures to be necessary or advisable by the doctor or delegated auxiliaries, including the use of local anesthetic, X-rays, sedation or analgesia as indicated. I accept the responsibility for all fees associated with these procedures.

I understand that appointment times will be reserved for necessary treatment. If I am unable to keep the reserved appointment time, I will give the office adequate notice (at least 48 hours prior). I also understand that I may be charged for the lost time if adequate notice is not given.

DATE _____ SIGNATURE _____