First Name Last Name Date of Birth Relationship: Mom / Dad / Other Social Security # Employer Is the legal guardian here with the child today? Y / N The office uses an automated system to confirm appointments. Please provide a working cellular phone number and an email address in which you frequently check. Cell Phone # Email	First Name		Data of Divide	Child's Casial Casumity #
Last Name				
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Social Security #	Legal Guardian Information			
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Emergency Contact Information: First Name	Social Security #	Employer		Is the legal guardian here with the child today? Y / N
Emergency Contact Information: First Name	The office uses an automate	d system to confirm appointments	. Please provide a working cell	lular phone number and an email address in which
Another Dentist Other(Please Specify) DENTAL INSURANCE If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100 , NH Medicaid # If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100 , NH Medicaid # If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100 , NH Medicaid # If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100 , NH Medicaid # If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100 , NH Medicaid # If your child has MassHealth or NH Medicaid # If your child has MassHealth or NH Medicaid # If your child has MassHealth or NH Medicaid # If your child have Author NH Medicaid Insurance Policy what is the Insurance Name: Policy Holder Date of Birth	you frequently check. Cell F	Phone #	Email	
Another DentistOther(Please Specify)	Emergency Contact Informat	tion: First Name	Last Name	Phone #
DENTAL INSURANCE If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100, NH Medicaid #	How did you hear about our	office? Google - Facebook/Instag	ram – 93S Billboard - Lowell C	Conn Billboard – Friend - Insurance - Pediatrician
If your child has MassHealth or NH Medicaid what is the # on the card: MassHealth # 100, NH Medicaid #	Another Dentist	Other(Please Spec	ify)	
If your child is covered under a parent's Dental Insurance Policy what is the Insurance Name: Policy Holder Name	DENTAL INSURANCE			
Policy Holder Name	If your child has MassHealth	or NH Medicaid what is the # on t	he card: MassHealth # 100	, NH Medicaid #
MeDICAL HISTORY Primary physician: Medications: Medicati	If your child is covered under	r a parent's Dental Insurance Polic	cy what is the Insurance Name	:
Does your child have any Heart/ Neurological/ Endocrine / Lung/ Blood / or Immune Disorders? Yes / No	Policy Holder Name	Policy Holde	er Date of Birth	Policy Holder Social Security #
Does your child have any Heart/ Neurological/ Endocrine / Lung/ Blood / or Immune Disorders? Yes / No	MEDICAL HISTORY Priman	v nhvsician:	Medications:	Allergies ·
Does your child have Autism / ADHD / Seizures / Asthma/ Brain Shunt / Acid Reflux / Snoring? Yes / No Does your child have HIV(AIDS) / Hepatitis, or any other communicable diseases? Yes / No Is your child pregnant? Yes / No Is there anything special you would like us to know? DENTAL HISTORY Do you have concerns about your child's dental health today? How often does your child brush and floss? Does someone help? YES / NO What toothpaste is used? How often does your child have: Candy, Juice, Soda: Never / Sometimes /Always Does your child suck their Thumb or use a Pacifier? YES / NO. How Often? Does your child sleep with a bottle or use a sippy cup ? YES / NO. If YES, what is in it? Who is your child's primary care taker during the day? Please read the following carefully and sign at the bottom Notice of Privacy Practices: I have received this office's Notice of Privacy Practices and understand protected health information will be used to conduct normal operations. Treatment Consent: Treatment provided for routine checkup and new patient appointments may include the following: exam, cleaning, fluoride treatment, and x-rays as deemed necessary by the doctor. If for any reason you would not like us to perform these services, then you must inform us before your child's appointment begins. Financial Consent: It is your responsibility to provide us with accurate, and complete insurance information for your child. If payment is denied by your insurance company, we will notify you and may ask you to assist us in contacting your insurance company. If payment is not made by your insurance company then you will be financially responsible for your child's account balance.				
Does your child have HIV(AIDS) / Hepatitis, or any other communicable diseases? Yes / No Is there anything special you would like us to know? DENTAL HISTORY Do you have concerns about your child's dental health today? How often does your child brush and floss? Does someone help? YES / NO What toothpaste is used? How often does your child have: Candy, Juice, Soda: Never / Sometimes /Always Does your child suck their Thumb or use a Pacifier? YES / NO. How Often? Does your child sleep with a bottle or use a sippy cup ? YES / NO. If YES, what is in it? Who is your child's primary care taker during the day? Please read the following carefully and sign at the bottom Notice of Privacy Practices: I have received this office's Notice of Privacy Practices and understand protected health information will be used to conduct normal operations. Treatment Consent: Treatment provided for routine checkup and new patient appointments may include the following: exam, cleaning, fluoride treatment, and x-rays as deemed necessary by the doctor. If for any reason you would not like us to perform these services, then you must inform us before your child's appointment begins. Financial Consent: It is your responsibility to provide us with accurate, and complete insurance information for your child. If payment is denied by your insurance company, we will notify you and may ask you to assist us in contacting your insurance company. If payment is not made by your insurance company then you will be financially responsible for your child's account balance.				
Is your child pregnant? Yes / No Is there anything special you would like us to know?				
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