

Modern Gentle Dentistry

Child Registration

E. Zambrana, Jr. DDS

Please answer the following questions to the best of your ability. The doctor and hygienist need to know your child's dental and medical history in order to perform a thorough dental exam.

Please turn your cell phone off before entering the exam room.

Child's Name: _____ Birthday: _____ Sex: _____

Parent / Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's Social Security # _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Dental Insurance: _____

Subscriber Name: _____ Relationship: _____

Subscriber ID / Social Security # _____ Birthday: _____

How did you hear about Dr. Zambrana's dental practice?

Yellow Pages Insurance Company Internet Referral _____

Is your child having problems with his/her teeth? Yes _____ No

Date of last cleaning: _____

Is your child currently under a physician's care? Yes _____ No

Reason: _____

Doctor's Name: _____

Please list any medications he/she is currently taking: _____

Please list any medications he/she is allergic to: _____

Please note any of the following conditions your child has or has had in the past ...

Abnormal Bleeding

Diabetes

Heart Murmur

High Blood Pressure

Kidney Problems

Stroke

Other Medical Conditions / Concerns: _____

Arthritis

Fainting / Seizures

Heart Trouble

HIV

Radiation Treatment

Tuberculosis

Asthma

Hay Fever

Hepatitis

Joint Replacement

Rheumatic Fever

Venereal Disease

It is customary to pay in full when initial services are rendered. We will file your insurance for you and reimburse you (minus any co-pays and / or out of pocket expenses) once we have received payment from your insurance company. Once we have verified insurance coverage you will be responsible for co-pays and overages for future visits, and we will file for the balance.

Signature: _____ Date: _____