Giggles and Grins Pediatric Dentistry
Rebecca Kucera DDS

Tell Us About Your Child

Child's Name: _____ NickName: _____

Child's Address: _____ City, State, Zip: _____

Date of Birth: _____/_____/_____   Who does your child live with: _____

Who is accompanying the child to this dental appointment?

Name: _____ Relationship: _____

■ Do you have legal custody of this child?   _____ Yes   _____ No

Legal Guardian

Parent   Information   o Step Mom   O Guardian   Parent   Information   o Step Dad   O Guardian

Name:_____   Name:_____

Birth date: ___/___/____   Home/Cell #: _____   Birth date: ___/___/___   Home/Cell #: _____

Employer:_____ Work # _____   Employer:_____ Work# _____

Person Responsible For Account

Name: _____ Home#_____ Cell#_____

Billing Address:_____ City, State, Zip_____ Email_____

Insurance Information

Primary Dental Insurance_____ Phone Number_____

Name of Insured_____ Birth date: ___/___/____ Relationship to patient_____

Insured's ID# OR SS#_____ Group Number_____

Employer_____

Secondary Dental Insurance_____ Phone Number_____

Name of Insured _____ Birth date: ___/___/_____ Relationship to Patient_____

Insured's ID# _____ Group Number_____

Employer_____

How did you hear about us?

__ Internet __ Phonebook __ Pediatrician __ Direct mail __ Insurance Company __ Friend/Family __Website __ Social Media

Referring Person's Name