



Howard R. Dixon, DDS, MS & Associates/ Diplomat, American Board of Pediatric Dentistry

Welcome to our office. We appreciate the confidence you place with us to provide your child(ren) dental needs. To assist us in serving you, please complete the following information.

CHILD'S INFORMATION

Patient Name: _____ Date of Birth: _____ Sex: _____ Age: _____
Home Address: _____ City: _____ Zip: _____
Billing Address (If Different): _____ City: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Best Time to Call: _____
Who can we thank for referring you/ how did you hear about our office? _____

GUARDIAN INFORMATION

Name: _____ DOB: _____ SS# _____ Relationship _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Best Time to Call: _____
Email: _____

Name: _____ DOB: _____ SS# _____ Relationship _____
Home Address: _____ City: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Best Time to Call: _____
Email: _____

INSURANCE INFORMATION

PRIMARY INSURANCE:

Name of Dental Insurance: _____
Phone Number: _____
Policy Holder Name: _____
Date of Birth: _____ SS# _____
Member ID/ Subscriber ID: _____
Employer/ Service Branch: _____
(If active member) Ranking: _____

SECONDARY INSURANCE:

Name of Dental Insurance: _____
Phone Number: _____
Policy Holder Name: _____
Date of Birth: _____ SS# _____
Member ID/ Subscriber ID: _____
Employer/ Service Branch: _____
(If active member) Ranking: _____

CONSENT TO TREAT A MINOR

As parent(s)/guardian(s) of _____ I/We authorize Dr. Dixon and Associates to examine and treat my child(dren) as necessary. I understand that by signing this form I am accepting all responsibility for full payment of service rendered regardless of insurance coverage. **I further understand that all payments are due and payable on the day services are rendered.**

Signature of Responsible Party: _____ Date _____

COMMUNICATION CONSENT:

I authorize, Coronado Pediatric Dentistry to send text message and email communications. I understand I can revoke this at any time. Cell Phone: _____ Email: _____

Parent Signature: _____ Date: _____