

# OAKVILLE DENTAL CARE



## WELCOME

The benefits of a happy, healthy smile are immeasurable!  
Our goal is to help you reach and maintain maximum oral health. Please fill out this form completely.  
The better we communicate, the better we can care for you.

### 1

## ABOUT YOUR CHILD

Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN \_\_\_\_\_  
Male ☐ Female ☐ School \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
e-mail \_\_\_\_\_  
home # \_\_\_\_\_ work # \_\_\_\_\_  
mobile # \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_  
Other family seen by us \_\_\_\_\_

### 3

## INSURANCE

Provider Name \_\_\_\_\_  
Provider Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Group # \_\_\_\_\_  
Insureds Name \_\_\_\_\_ Relation \_\_\_\_\_  
Insureds Birthdate \_\_\_\_\_ Insureds ID # \_\_\_\_\_  
Insureds Employer \_\_\_\_\_ Insureds Ph# \_\_\_\_\_

### SECONDARY INSURANCE

Provider Name \_\_\_\_\_  
Provider Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Group # \_\_\_\_\_  
Insureds Name \_\_\_\_\_ Relation \_\_\_\_\_  
Insureds Birthdate \_\_\_\_\_ Insureds ID # \_\_\_\_\_  
Insureds Employer \_\_\_\_\_ Insureds Ph# \_\_\_\_\_

### 2

## ACCOUNT INFO

### PERSON RESPONSIBLE FOR ACCOUNT (if different from above)

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Mobile # \_\_\_\_\_ Birthdate \_\_\_\_\_  
e-mail \_\_\_\_\_  
Billing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### 4a

## MEDICAL HISTORY

Does your child have a personal physician? ☐ yes ☐ no  
Physicians Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Last Visit Date \_\_\_\_\_  
Is your child currently under the care of a physician?  
☐ yes ☐ no  
Please explain \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY, WHO SHALL WE CONTACT?

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Ph #1 \_\_\_\_\_ Alternate # \_\_\_\_\_

Thank you for filling out this form completely.  
It will allow us to serve you more effectively.  
If you should have a question at any time, please  
ask us. We are happy to help!