

S. RANGRASS D.D.S., PC

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PATIENT INFORMATION

DATE _____
CHILD'S NAME _____ BIRTHDATE _____ AGE _____ SEX: M F
(FIRST) (M) (LAST)
SCHOOL _____ GRADE _____
CHILD'S HOME PHONE # _____
CHILD'S HOME ADDRESS _____ CITY _____ ZIP _____

WHO IS ACCOMPANYING THE CHILD TODAY?
NAME _____ RELATIONSHIP _____
DO YOU HAVE LEGAL CUSTODY OF THE CHILD? YES NO
WHOM MAY WE THANK FOR REFERRING YOU? _____
OTHER FAMILY MEMBERS SEEN BY US _____
PREVIOUS DENTIST _____ LAST VISIT DATE _____
PARENT'S MARITAL STATUS: Single Married Separated Divorced Widowed

PARENT 1 INFORMATION Step Parent Guardian
NAME _____ BIRTHDATE _____
HOME PHONE# _____ WORK PHONE# _____ CELL# _____
EMPLOYER _____ SOC SEC# _____
EMAIL ADDRESS _____

PARENT 2 INFORMATION Step Parent Guardian
NAME _____ BIRTHDATE _____
HOME PHONE# _____ WORK PHONE# _____ CELL# _____
EMPLOYER _____ SOC SEC# _____
EMAIL ADDRESS _____

PERSON RESPONSIBLE FOR ACCOUNT
NAME _____ RELATION TO CHILD _____
BILLING ADDRESS _____ CITY _____ ZIP _____
HOME PHONE# _____ WORK PHONE# _____ CELL # _____
EMPLOYER _____
SOC SEC# _____ DRIVER'S LICENSE# _____

PRIMARY DENTAL INSURANCE
POLICY HOLDER'S NAME _____
POLICY HOLDER'S BIRTHDATE _____
POLICY HOLDER'S SOC. SEC.# _____
OR ID# _____
POLICY HOLDER'S EMPLOYER _____
INSURANCE CO. _____
GROUP # _____

SECONDARY DENTAL INSURANCE
POLICY HOLDER'S NAME _____
POLICY HOLDER'S BIRTHDATE _____
POLICY HOLDER'S SOC. SEC. # _____
OR ID # _____
POLICY HOLDER'S EMPLOYER _____
INSURANCE CO. _____
GROUP # _____

IF CHILD IS NOT COVERED BY DENTAL INSURANCE, WHAT FORM OF PAYMENT WILL YOU BE USING TODAY?
 CASH CHECK CREDIT CARD

PARENT/GUARDIAN SIGNATURE _____