

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you.

VALLEY PEDIATRIC DENTISTS, P.C.

6239 E. Brown Road, Suite 102 • Mesa, Arizona 85205 • (480) 396-3660
16611 S. 40th Street, Suite 150 • Phoenix, AZ 85048 • (480) 753-3711

Patient Information

Name _____
Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip _____ Child's Physician: _____

Sex M F Age _____ Birthdate _____ Physician's Phone: _____

Home Phone (_____) _____

Whom may we thank for referring you? _____

Notify in case of emergency _____ Phone _____

Responsible Party Information (Parenting Adult)

Father's Name _____ Mother's Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Birthday _____ Soc. Sec. # _____ Birthday _____ Soc. Sec. # _____

Employer _____ Occupation _____ Employer _____ Occupation _____

Address _____ Business Phone _____ Address _____ Business Phone _____

Dental Insurance Information

Subscriber's Name _____

Insurance Company _____

Billing Address _____ Group # _____ I.D. # _____

Soc. Sec. # _____ Phone _____

Authorization

I have reviewed the information on this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the dentist to help determine appropriate and healthful dental treatment. If there is any change in my medical status, I will inform the dentist.

I authorized my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered.

I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature _____ Date _____

• Please fill out our medical history on reverse side •

