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Tell us about your child

1. Child's Name _____
Last First Middle Preferred Name

Male Female Birth Date: _____ Age: _____ Home Phone: (____) _____

Address: _____ How long at this address: _____

School: _____ Grade: _____

Family in treatment with us: _____

Whom may we thank for referring you? _____

General Dentist: _____ Last Visit Date: _____

2. Mother's Information Mother Stepmother Guardian

Name: _____ Birth date: _____

Mailing Address: _____ How long at this address: _____

Home Phone #: (____) _____ Cell #: (____) _____ Work #: (____) _____

Employer: _____ Job title: _____ How long at current job: _____

E-Mail address _____ S.S. #: _____

3. Father's Information Father Stepfather Guardian

Name: _____ Birth date: _____

Mailing Address: _____ How long at this address: _____

Home Phone #: (____) _____ Cell #: (____) _____ Work #: (____) _____

Employer: _____ Job title: _____ How long at current job: _____

E-mail address: _____ S.S. #: _____

4. Parent's Marital Status Single Married Widowed Divorced Separated

5. Primary Orthodontic Insurance

Insurance Co. name: _____ Policy Owner's Name: _____

Policy Owner's birth date: _____ Policy Owner's SS #: _____

6. Secondary Orthodontic Insurance

Insurance Co. name: _____ Policy Owner's Name: _____

Policy Owner's birth date: _____ Policy Owner's SS #: _____

7. Emergency contact: _____ Relationship _____ #: (____) _____

I understand that where appropriate, credit bureau reports may be obtained.

Signature: _____