

# Paradise Smiles of Chantilly

4090 AIRLINE PARKWAY SUITE A | CHANTILLY VA, 20151 | (703) 955-7200

## Pediatric Patient Registration

*Welcome! We are thrilled for this opportunity to give you the very best experience today in our dental office! Please complete these forms and let us know when you are finished. Should you have any questions, our friendly staff is always more than happy to help in any way that we can. Thank you!*

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number [REQUIRED] \_\_\_\_\_ [ ] MALE [ ] FEMALE

### Parent/Legal Guardian Information

Relationship to Patient: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Wireless Phone: \_\_\_\_\_

Social Security Number [REQUIRED] \_\_\_\_\_ [ ] MALE [ ] FEMALE

Marital Status [ ] Single [ ] Married [ ] Divorced [ ] Widowed

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*(ie: internet search, another patient, our office sign, etc.)*

### Insurance Information

Dental Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Policy ID Number: \_\_\_\_\_

Group ID Number: \_\_\_\_\_ Group Plan Name: \_\_\_\_\_

**Children under the age of 18 MUST be accompanied by a Parent/Legal Guardian unless a written consent form for treatment is signed in our office. Children must NOT be left unattended in the waiting room. Thank you!**