



The information below must be filled out by a parent or guardian. If you do not have the legal right to fill out this form, please inform the front desk.

### FAMILY INFORMATION SHEET

Date \_\_\_\_\_ Patient(s) names(s) \_\_\_\_\_

Other children under age 18 \_\_\_\_\_

### GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Initial to opt out of email reminders

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

PO BOX \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_ Initial to opt out of text reminders

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Phone # \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_ Initial to opt out of email reminders

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

PO BOX \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_ Initial to opt out of text reminders

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Phone # \_\_\_\_\_

Employer's Address \_\_\_\_\_

Dental Insurance Company (If applicable)

Policyholder \_\_\_\_\_

ID # \_\_\_\_\_

Dental Insurance Company (If applicable)

Policyholder \_\_\_\_\_

ID # \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

### How did you hear about us? (Please circle one or indicate name)

Dex Phonebook    Bridgerland Phonebook    Cache Valley Directory    Internet Search/Google

Our Building Sign    Our Website    Facebook

Friend \_\_\_\_\_ Family \_\_\_\_\_

Dentist/Doctor \_\_\_\_\_ Other \_\_\_\_\_

### PERSON RESPONSIBLE FOR PAYMENT OF THIS ACCOUNT

**By signing this form you are taking responsibility for your child's account with this office and any charges incurred from provided services.**

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In consideration of the professional services rendered to my child, I agree to accept responsibility for the payment of such services.