



LAURELHURST
Family Dentistry

CHILD PATIENT REGISTRATION

(UNDER AGE 18)

Child Information:

First Name: _____ Last Name: _____ Middle Initial: _____
 Birthdate: _____ SSN: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____ Middle Initial: _____
 Address: _____ City, State, Zip: _____
 Cell Phone: _____ Home Phone: _____ Work Phone: _____
 Birthdate: _____ SSN: _____
 Email Address: _____
 Marital Status: _____
 Employer: _____ Occupation: _____
 How did you hear about us (please check): Promotion (please specify): _____
 Laurelhurst Family Dentistry Website Yelp/Google search Facebook/Instagram
 Insurance Referral name: _____ Other: _____

Insurance Information:

Subscriber's Name: _____ Subscriber's Birthdate: _____ Subscriber's SSN: _____
 Company: _____ Employer: _____
 ID Number: _____ Group Number: _____
 Subscriber's Relationship to Patient: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship: _____
 Address: _____ City, State, Zip: _____

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the statement of privacy practices from Laurelhurst Family Dentistry. The statement of privacy practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The statement of Privacy Practices also describes my rights and the responsibilities and duties of the office with respect to my protected health information. Laurelhurst Family Dentistry reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If they change I will be offered a copy of the revision and may request that it be mailed to me.

I hereby specifically authorize disclosure of my son or daughters protected health care information to the persons indicated:

I have filled my information to the best of my ability and understand that it will be used to bill my dental insurance and to acknowledge receipt of the Notice of Privacy Practices.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____