Tots N' Teens Pediatric Dental Specialist

League City: 2950 Gulf Fwy S, Ste A, League City, TX 77573 | Ph (281) 337-3222 | Fax (281) 337-9222
Deer Park: 3317 Center St, Deer Park, TX 77536 | Ph (281) 377-3332 | Fax (281) 377-4741
www.tntdentistry.com | info@tntdentistry.com

Family Registration

Fill out once per family. Then complete one Child Health History form for each child.

Welcome! We offer you friendship & extraordinary pediatric dental & orthodontic care. Please fill in your answers as thoroughly as possible. This will help in developing a complete dental health program for your child. Of course, all information will be held in strict confidence.

By working together, we can find a way to achieve your goal of good dental health and beautiful smiles for your child, in ways that transform the quality of life for your child & for you. Come for the dentistry. Stay for the friendship!

Preferred office: ☐ League City ☐ Deer Park

CHILDREN BEING REGISTERED

	Nickname	Date of birth	Sex	School	Grade
Child 1: full name (first, middle, last)					
Child 2: full name (first, middle, last)					
Child 3: full name (first, middle, last)					
Child 4: full name (first, middle, last)					
Child 5: full name (first, middle, last)					
Child 6: full name (first, middle, last)					

HOME CONTACT

Date | Home street address | City | Zip | Home phone

Phone number for appointment reminders | E-mail for reminders

MOTHER'S INFORMATION

Full name (first, middle, last) | Date of birth | Home phone

E-mail address | Occupation | Employed by

Home address (if different) | Business address | Business phone

FATHER'S INFORMATION

Full name (first, middle, last) | Date of birth | Home phone

E-mail address | Occupation | Employed by

Home address (if different) | Business address | Business phone

REFERRAL

Family dentist | Office city | Whom may we thank for referring you? | Referring address

DENTAL INSURANCE (IF ANY)

Primary insurance

Insurance company | Member / subscriber ID | Group number | Insurance phone

Subscriber (policy holder) name | Subscriber date of birth | Relationship to children | Subscriber employer

Secondary insurance

Insurance company | Member / subscriber ID | Group number | Insurance phone

Subscriber (policy holder) name | Subscriber date of birth | Relationship to children | Subscriber employer

☐ No dental insurance

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name | Relationship | Phone

FINANCIAL & PRIVACY ACKNOWLEDGMENT

- Federal law requires that the parent or guardian who brings the child to appointments is responsible for the incurred fees.
- I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.
- I certify this information is true and correct to the best of my knowledge.
- I will notify you of any changes in my child(ren)'s health status or the above information.
- I understand Tots N' Teens Pediatric Dental Specialist files insurance claims electronically. This is acceptable to me.
- I have received my brochure about my privacy rights (HIPAA) and how my information can be used.

Signature | Relationship to patient | Date

CONSENT (APPLIES TO EACH CHILD LISTED ABOVE)

1. The undersigned hereby authorizes the taking of x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by the dentists of Tots N' Teens Pediatric Dental Specialist to make a thorough diagnosis of my child(ren)'s dental/orthodontic needs.
2. I also authorize the dentists of Tots N' Teens Pediatric Dental Specialist to perform all recommended treatment mutually agreed upon by me and to use the appropriate medication and therapy indicated for such treatment of my child(ren).
3. I understand that using anesthetic agents embodies a certain risk. Furthermore, I authorize and consent that the dentists of Tots N' Teens Pediatric Dental Specialist choose and employ such assistance as deemed fit to provide recommended treatment.

Name of parent/guardian | Signature of parent/guardian | Relationship | Date