

Black Hills Pediatric Dentistry
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www.bhpediatricdentistry.com

"Putting your child's dental health on the right track."

PATIENT REGISTRATION AND MEDICAL/DENTAL HISTORY

Welcome to Black Hills Pediatric Dentistry. We would like to welcome you and your child to our dental office. Our primary goal is to make every visit fun and educational. Our practice is based on preventive dental care. We strive to teach good oral care that will enable your child to maintain a beautiful smile for a lifetime!

ABOUT YOUR CHILD

Patient's Name _____ Preferred Name _____
Date of Birth _____ Male ☐ Female ☐
Home Address _____ Home Phone _____
City _____ State _____ Zip Code _____
How did you hear about our office?
Friend ☐ Dr. Referral ☐ Paper ☐ Yellow Pages ☐ Other ☐

PERSONS RESPONSIBLE FOR ACCOUNT

PARENT / LEGAL GUARDIAN INFORMATION

Name: _____ Date of Birth: _____
Mailing Address: _____ Social Security #: _____
City, State, ZIP: _____ Home Phone: _____
Employer: _____ Work Ph: _____
E-Mail Address: _____ Cell Ph: _____

ADDITIONAL PARENT / LEGAL GUARDIAN INFORMATION

Name: _____ Date of Birth: _____
Mailing Address: _____ Social Security #: _____
City, State, ZIP: _____ Home Phone: _____
Employer: _____ Work Ph: _____
E-Mail Address: _____ Cell Ph: _____

EMERGENCY INFORMATION

In case of an emergency where neither parent nor legal guardian can be reached, please identify the following information for the next closest relative not living with the parent.

Name	Relation	Home Phone
Address		Cell Phone

