



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

## **PATIENT REGISTRATION AND MEDICAL/DENTAL HISTORY**

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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 \_\_\_\_\_

