



Child Patient Information (CONFIDENTIAL)

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Sex: M F Soc. Sec. No _____

Family Status: Minor Single Married Divorced Widowed Separated

Patient's Employer/School _____ Work Phone _____

Email Address _____ Emergency Contact _____ () - _____

Whom may we thank for referring you? _____

Referral Source: Practice Website Google Yelp Bing Ins. Plan Valpac Yellow Page Drive By Sign

Referred by : _____

Relationship to Patient: Self Parent Step Parent Grandparent Sibling Family Member Babysitter Guardian

Information about the dental office or healthcare organization authorized to release the information:

Name of Insured _____ Relationship to Patient _____

Subscriber's Birthdate _____ Soc. Sec. No. _____

Name of Employer _____ Work Phone _____

Name of Dental Insurance Co. _____ Group No. _____

Ins. Co. Address _____ City _____ State _____ Zip code _____

Do you have additional dental insurance? Yes No If yes, complete the following:

Name of Insured _____ Relationship to Patient _____

Subscriber's Birthdate _____ Soc. Sec. No. _____

Name of Employer _____ Work Phone _____

Name of Dental Insurance Co. _____ Group No. _____

Ins. Co. Address _____ City _____ State _____ Zip code _____

I request and authorize the above-named dental office or healthcare organization to release the information specified below to Cherry Creek Family Dental.

Description of information to be released: Copy of all dental x-rays taken within the last 5 years

Information about the office where dental radiographs should be sent:

Name: Summit Smiles Dental **Phone:** 303.627.5432

Email address: info@summitsmilesdental.com

Authorization and Release

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. This authorization is effective until such date that I choose to revoke it. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it.

Signature: _____ Date: _____