Patient Information (CHILD)

Patient's Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone #: _____ Email address: _____ Date of Birth: _____ Sex: _____

Whom may we thank for referring you to our office? _____ Patient's Dentist: _____

Family members who have/are in treatment with us: _____ Relationship to patient: _____

Has patient been seen by another orthodontist? _____ If so, whom? _____

Reason for seeking an orthodontic examination? _____

Responsible Party Information / Additional Contact Information

Dr/Mr/Mrs/Ms/Miss: _____ _____
Please circle one First Middle Last Marital Status

Mailing address: _____
Street City State Zip

Home #: _____ Cell #: _____ Work #: _____

Email address: _____

Social Security #: _____ Date of Birth: _____ Relationship to Patient: _____

Employer: _____ Occupation: _____ # of Years Employed _____

Dental Insurance Carrier: _____

ID#: _____ Group #: _____ Phone #: _____

Dr/Mr/Mrs/Ms/Miss: _____ _____
Please circle one First Middle Last Marital Status

Mailing address: _____
Street City State Zip

Home #: _____ Cell #: _____ Work #: _____

Email address: _____

Social Security #: _____ Date of Birth: _____ Relationship to Patient: _____

Employer: _____ Occupation: _____ # of Years Employed _____

Dental Insurance Carrier: _____

ID#: _____ Group #: _____ Phone #: _____

I understand that the information that I have provided is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes. I hereby authorize the release of any information related to insurance claims. I consent to the examination by the doctor and I authorize payment of any insurance benefits to the office. I hereby give Kingry Orthodontics permission to confirm appointments using the phone number(s) provided, including leaving messages. I understand that, where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) _____ Date: _____

Updates (date & initial) _____ Updates (date & initial) _____

Kingry orthodontics, p.c.
G. Mark Kingry, D.M.D.