TriMark Dental Clinic , LLP

CHILD PATIENT INFORMATION **Date**____/_____/_____

First Name_____ Middle Initial_____ Last Name_____

Street _____ City _____ State _____ Zip _____

Date of Birth _____/_____/_____ Age____ SS# _____-_____-_____ Sex: ☐ Male ☐ Female ☐ Unspecified

Patient Phone# _____-_____-_____ Mother Phone #_____-_____-_____ Fathers # _____-_____-_____

Mothers First Name _____ M.Initial ___ Last Name _____

Mothers DOB _____/_____/_____ Mothers SS # _____-_____-_____ Mothers Employer _____

Mothers Address (if different) Street_____ City _____ State ____ Zip _____

Fathers First Name _____ M.Initial ___ Last Name _____

Fathers DOB _____/_____/_____ Fathers SS # _____-_____-_____ Fathers Employer _____

Fathers Address (if different) Street_____ City _____ State ____ Zip _____

Preferred Pharmacy _____ Street _____ City _____

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PRIMARY DENTAL INSURANCE

Relationship to Patient ☐ Mother ☐ Father ☐ Other (please explain) _____

Subscriber First Name _____ Middle Initial _____ Last Name _____

Subscriber DOB (if not listed above) ____/____/____ SS# (if not listed above)____-____-____ Employer Name _____

Insurance Company_____ Ins Co Address _____ Ins Co. Phone # _____-_____-_____

Member ID# _____ Group # _____ **** Please provide card to receptionist****

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SECONDARY DENTAL INSURANCE

Relationship to Patient ☐ Mother ☐ Father ☐ Other (please explain) _____

Subscriber First Name _____ Middle Initial _____ Last Name _____

Subscriber DOB (if not listed above) ____/____/____ SS# (if not listed above)____-____-____ Employer Name _____

Insurance Company_____ Ins Co Address _____ Ins Co. Phone # _____-_____-_____

Member ID# _____ Group # _____ **** Please provide card to receptionist****

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DENTAL HISTORY

Last Dental Visit_____ **Previous Dental Office** _____ **Date of last X-rays** _____

Check all that apply ☐ Jaw Pain ☐ Sensitive Teeth ☐ Grinding/Clenching ☐ Broken/Loose Teeth ☐ Mouth Sores

☐ Anesthetic Reaction ☐ Difficult Chewing/Swallowing ☐ Swollen/Bleeding Gums ☐ Stained Teeth ☐ Bad Breath

Signature _____