

Child Registration Form

Thompson Orthodontics
819 W. Main Street
Wilmington, OH 45177
(937) 283-2020

Today's Date: _____

Child's Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Preferred Name: _____ Age: _____ Gender: (circle one) Male Female

Child's Address: _____
(Street) (City) (State) (Zip)

Child's Home Phone: _____ Child's Cell Phone: _____

Name of School: _____ Expected year of graduation: _____

Indicate quality of patient's school work: A student B student C student D student

Music lessons: Yes No Which instrument: _____

Sports: Yes No Which sports: _____

Hobbies: _____

Responsible Party #1:	Social Security No. _____
Name: _____	Date of Birth: _____
Address: _____	(Street) (City) (State) (Zip)
Preferred Phone #: _____	Other Phone #: _____
Email: _____	Relationship to Child: _____
Employed By: _____	Occupation: _____

Responsible Party #2:	Social Security No. _____
Name: _____	Date of Birth: _____
Address: _____	(Street) (City) (State) (Zip)
Preferred Phone #: _____	Cell Phone #: _____
Email: _____	Relationship to Child: _____
Employed By: _____	Occupation: _____

Dental insurance? Yes No Who holds insurance policy? _____
If yes, what insurance company? _____ Group No. _____

****Signature below authorizes release of information to my insurance company & payment to be sent directly to orthodontist****
****By signing this form you assume financial responsibility for the fees for care at Thompson Orthodontics****

Signature: _____ Date: _____

Print Name: _____ Relationship to Patient: _____