



WELCOME

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CHILD INFORMATION

Today's Date: _____

Child Name: _____ I prefer to be called: _____

Birth Date: ____/____/____ Age: _____ Sex: M / F Parent Name: _____

Address: _____
Street City State Zip

Preferred Phone #: (____) _____ 2nd #: (____) _____ Work #: (____) _____

Email: _____ Social Security #: _____

Preferred Appointment Reminder: Email Text (please circle carrier: T-Mobile / AT&T / Sprint / Verizon / Metro PCS)
 Both

In case of emergency: _____ Phone: (____) _____

Relation: _____ Address: _____

Other family members seen by us: _____

How did you hear about us? Referral: _____ Social Media Internet Search
 Other: _____

PERSON RESPONSIBLE FOR THIS ACCOUNT

Same as above? Yes No

Name: _____ Relation: _____ Phone #: _____

Address: _____ Birthdate: ____/____/____
Street City State Zip

INSURANCE INFORMATION

Will you be using dental insurance at your appointment today? Yes No

Have we received your dental insurance? Yes No

Do you have secondary insurance you would like us to file? Yes No

Please read and sign: "I acknowledge that for cancellations with less than a 24 hour notice, I may be charged a fee, this includes a no-show."

Patient Signature

Date

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