

HUNTINGTON PEDIATRIC DENTAL GROUP

Kevin J. Snaer, D.D.S., Inc.
Diplomate, American Board
of Pediatric Dentistry



Stephanie L. Morphis, D.D.S.
Diplomate, American Board
of Pediatric Dentistry

Welcome! How did you choose our office? _____
NAME OF PERSON OR OTHER SOURCE

Do we see other family members? _____

PARENT'S NAME: _____

MOTHER

FATHER

MARITAL STATUS: ___ Married ___ Divorced ___ Single

ADDRESS: STREET _____

CITY _____ ZIP _____ STATE _____

PHONE: HOME _____

MOBILE _____

E-MAIL ADDRESS: _____

OCCUPATION: POSITION OR HOMEMAKER _____

COMPANY _____

STREET _____

CITY _____ ZIP _____ STATE _____

PHONE _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

INSURANCE CO: _____

GROUP & I.D. #: _____

ADDRESS ACCOUNT STATEMENT TO: ___ Mother ___ Father

RELEASE OF DENTAL EXAMINATION/TREATMENT INFORMATION,
ASSIGNMENT OF INSURANCE BENEFITS, AND
DISCLOSURE OF FINANCE CHARGE ON OVERDUE ACCOUNTS.
AUTHORIZATION FOR CREDIT CHECK.

- 1. I take full responsibility for this account. If the amount which will be paid by insurance is important in determining the choice of treatment, I will find out this information before starting treatment.
2. In requesting examination and/or treatment on or after this date, I authorize the release of all information (including x-rays) relating to such examination or treatment to any health service plan or insurance company from which benefits have been paid or may be payable.
3. I also authorize the release of such information to any peer review committee of the state or local associations which may request it.
4. I hereby authorize payment directly to Kevin J. Snaer, D.D.S., Inc. of the group insurance benefits otherwise payable to me, but not to exceed his actual charges for the covered services. I understand that any overpayment caused by my previous personal payment will be promptly refunded to me.
5. I understand that interest-free monthly payment arrangements may be made. I also understand that if no monthly payment arrangements have been made, amounts for which more than one monthly statement has been sent will be subject to a 1 1/2 % per month (18% Annual Percentage Rate) finance charge.
6. I understand that a credit report may be secured for the purpose of establishing my account and that no charge will be made to me for such a report.

DATE

SIGNATURE

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CHILD'S NAME: _____ NICKNAME: _____ BIRTHDATE: _____

CHILD'S PHYSICIAN: _____ LAST EXAM: _____

REASON FOR MAKING THIS APPOINTMENT: _____

MEDICAL HISTORY

Please Explain YES Answers **YES NO**

- | | |
|---|--|
| 1. Has child ever been treated for illness other than childhood diseases? | |
| 2. Does child have any emotional, neurological, or other special health care needs? | |
| 3. Does child take any medication on regular schedule? | |
| 4. Have any of the following ever been defective: Eyes, Ears, Heart, Lung, Kidney, Liver? | |
| 5. Has child ever had an allergic reaction to any drugs, medicine, or anesthetic? | |
| 6. Is child allergic to anything? | |
| 7. Does child bleed excessively or bruise easily? | |

DENTAL HISTORY

Diet

- | | |
|---|--|
| 1. Did your child regularly feed within 30 minutes of bed time?
If so, until what age? | |
| 2. Did your child regularly feed during the night?
If so, until what age? | |
| 3. Is your child snacking more than one time between meals? .. | |
| 4. Is your child drinking juice between meals? | |

Fluoride

- | | |
|--|--|
| 1. Has your pediatrician prescribed a fluoride supplement? | |
| 2. What is the name of your city and your water company? | |
| 3. Does your child drink tap or bottled water primarily? | |
| 4. If your child drinks tap water, do you have a reverse osmosis filter? | |
| 5. If your child drinks bottled water, is it fluoridated? | |
| 6. How many ounces of water is your child drinking per day? . . | |
| 7. Is your child using toothpaste with fluoride? | |

Hygiene

- | | |
|--|--|
| 1. How do you position your child for brushing and flossing? . . | |
|--|--|

Jaw Growth

- | | |
|---|--|
| 1. Has your child had a thumb, finger or pacifier sucking habit past the first birthday? If so, describe: | |
|---|--|

SIGNATURE

RELATIONSHIP

DATE

REVIEWER