

Pediatric Dental Specialist
Bel Air South Professional Center
2012 Tollgate Road, Suite 212
Bel Air, MD 21015
410-569-6700



Child's Full Name _____ Male/Female _____ Age _____ Birthdate _____
Address/Zip _____ Phone _____
Child's Social Security # _____ **Add siblings information to back of this page.**

Father's Name _____ Address _____
Phone# _____ Birthdate _____ Social Security# _____
Occupation _____ Employer _____ Work phone# _____
Name of Father's Dental Insurance _____
Group Number _____ Cell phone # _____
Email Address _____

Mother's Name _____ Address _____
Phone# _____ Birthdate _____ Social Security# _____
Occupation _____ Employer _____ Work phone# _____
Name of Mothers Dental Insurance _____
Group Number _____ Cell phone# _____
Email Address _____
In Case of Emergency Whom Should we Notify? _____
Person(s) Financially Responsible _____

Has Your Child Been Seen in This Office Before? _____ When? _____
Names/ Ages of Brothers/Sisters _____

Whom May We Thank For Referring You? _____

Has Your Child Been To The Dentist Before? _____ If So, Who? _____
When _____ Reason _____ Were X-rays Taken? _____

Is Your Child Currently Experiencing Dental Pain? _____ Reason _____
Have There Been Any Injuries To The Mouth? _____ When _____

Does Your Child Have Any Habits? (Circle) Bottle Thumb/finger sucking Pacifier Other

Does Your Child Brush/Floss Daily? _____ Do You Assist? _____ Is Your Water From A Well? _____

Are You Happy With The Appearance Of Your Child's Teeth? _____
Does Your Child Participate in Sports? _____
Do You Have Any Other Concerns? _____

I authorize release of any Information relating to this claim.

I Hereby Authorize Payment to the Dentist.

Signed (Patient or Parent if Minor) Date

Signed Date

Child's Full Name _____ Male/Female Age _____ Birthdate _____
Child's Social Security # _____

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Does Your Child Have Any Habits? (Circle) Bottle Thumb/finger sucking Pacifier Other

Does Your Child Brush/Floss Daily? _____ Do You Assist? _____

Are You Happy With The Appearance Of Your Child's Teeth? _____

Does Your Child Participate in Sports? _____

Do You Have Any Other Concerns? _____

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