

FAMILY INFORMATION AND FINANCIAL RESPONSIBILITY

Father / Stepfather / Partner / Legal Guardian Information

父親 / 繼父 / 伴侶 / 法定監護人資料

Name DOB

SSN # or Tax ID #

Driver's License State # Exp

Home Address Apt #

City State ZIP

Home # () Cellular # ()

Is it ok to contact this Parent on your Cellular Number? Yes No

E-mail address

Is it ok to contact this Parent via e-mail? Yes No

Employer

Address

City State ZIP

Business # () Ext

Occupation

Patient lives with this Parent 病人與這位家長同住

Person responsible for this account

Father

Person responsible for scheduling appointments

Father

Mother / Stepmother / Partner / Legal Guardian Information

母親 / 繼母 / 伴侶 / 法定監護人資料

Name DOB

SSN # or Tax ID #

Driver's License State # Exp

Home Address Apt #

City State ZIP

Home # () Cellular # ()

Is it ok to contact this Parent on your Cellular Number? Yes No

E-mail address

Is it ok to contact this Parent via e-mail? Yes No

Employer

Address

City State ZIP

Business # () Ext

Occupation

Patient lives with this Parent 病人與這位家長同住

Mother

Other

Mother

Other

Does your child have other dental insurance coverage? Yes / No

A secondary insurance coverage will probably help minimize or may even eliminate your out of pocket expense. The additional coverage may also help with procedures not covered by your primary insurance (e.g. white fillings and preventive sealants). If you have questions about how secondary coverage works, our staff will be happy to help you by giving you advice about both insurance coverages. We can verify your secondary insurance and obtain more benefits for you.

Primary Insurance Carrier

Second Insurance Carrier

Third Insurance Carrier

Contact Person 額外的聯絡人 (Friend or Relative WITH DIFFERENT PHONE NUMBERS THAN ABOVE)

Name Home # () Cellular # ()

Relationship Work # () E-Mail Address

我證明我已閱讀和了解此表。以我最好的知識，我準確與完全回答表格裡面的問題。我將會另作通知如果有任何改變(孩子的健康史，藥品，家庭資料，將負責此帳戶的人，或保險公司)。此外，如果我忽略和填漏此表格，我不會讓 Fred C. Haeberlein APDC, Discovery Pediatric Dentistry 牙科診所和工作人員負任何責任。

不健全的牙齒是會影響身體的健康。如果醫生確定有潛在的醫學問題，治療牙齒前可能需要 醫療諮詢。我授權 Fred C. Haeberlein, APDC 聯繫我的家庭醫生。我給 Fred C. Haeberlein, APDC 有權聯繫我的孩子的家庭醫生。

Signature of Parent or Legal Guardian 家長或法定監護人簽名 _____ Date 日期 _____

RECALL OR EMERGENCY UPDATE: Have there been any changes in your child's health history since you originally filled out this form? If so, please indicate changes in box below. ↓

覆診/緊急: 關於您的孩子的健康史, 自上次檢查是否有任何改變? 如果有, 請在以下說明變化↓

Office Use Only

Date 日期	家長簽名 Parent Signature	Changes 變化	DDS
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重建的問卷: The American Academy of Pediatric Dentistry的標準的護理規定 每12個月 需要一個更新和完整的表格。這是為您孩子的安全與有效益孩子的完整記錄。

預約協議: 如果不能來你的預約, 您需要在營業時間內聯繫我們的辦公室。沒有發出48小時以前通知, 可能會導致在改期費用。48小時通知改期不收費因為我們可以安排另外一個時間。電話答錄機的留言不計算48小時通知。在營業時間內您需要致電我們的診所以及與我們的工作人員講。