CHILD/YOUTH REGISTRATION

Charles F. Betts, Jr., D.M.D., P.C. Date ______________________

Patient Name ____ Preferred name ______________________
Last, First Middle

Sex: M __ F__ Birthdate_____________________ Parent Name ____

School____ Grade in School __________

Address____ Zip_________________

Best Daytime Phone: __________________________________Would you like texts to this number?_______

E- Mail Address ____Other Phone: __________________________

How did you find out about our office: ____

Past Dental Service (circle): None Emergency only Regular checkups

List any current dental problems. ____

Does the patient have any history of missing teeth? Yes No Has the patient been evaluated or treated by an orthodontist? Yes No

Other Concerns ? ____

CONSENT FOR SERVICES SIGNATURE:

I give my consent to any advisable and necessary dental procedure, medications or anesthetics to be administered by the attending dentist or by his supervised staff for diagnostic purposes of dental treatment for the child named above in my absence. I also acknowledge that I have been offered a copy of the office's "Notice of Privacy Practices."

For patients with dental insurance: I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law. To the extent permitted by law, I consent to the use and disclosure of my protected health information to carry out payment activities in connection with insurance claims. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Charles F. Betts, Jr., D.M.D., P.C.

I understand that, unless payment is made in full at the time of service, I am opening an account with this office subject to credit inquiry.

I WILL PAY TODAY BY: Cash________Check _______Credit card________

Person Responsible: ____Relationship to child _________________________
Last First Middle

Date of Birth ___________________ Daytime Phone _______________________________ Other Phone ______________________________________

Home Address (if different)____Zip_____________

X____ SS#_______________________________________
Signature of person responsible