Patient Registration Form

Thank you so much for taking the time to share your information with us.
Please feel free to ask us if you have any questions.
We're so happy to have you here!
Aloha, ToothBuds Diamond Head

Patient (Your Child's) Registration Information- Kindly Print

Child's Name ____________________________Middle Name ________________ Preferred/Nickname ________________Gender___

Date of Birth ____________________________ How did you hear about our practice?__________________________________

Name of School/Grade Level ______________

Home Address___________________________ City____________ State____________ Zip___________ Home Phone_____________

Patients Mother's/Guardian's Information

Title_________ Last Name_________________________ First Name____________________________Middle__________________

Date of Birth ___________ Social Security Number _________________ Marital Status____________ Occupation _______________

Home Address___________________________ City____________ State____________ Zip___________ Home Phone_____________

Work Phone_______________________ Preferred or Cell Phone ______________________ Email_____________________________

Patients Father's/Guardian's Information

Title_________ Last Name_________________________ First Name____________________________Middle__________________

Date of Birth ___________ Social Security Number _________________ Marital Status____________ Occupation _______________

Home Address___________________________ City____________ State____________ Zip___________ Home Phone_____________

Work Phone_______________________ Preferred or Cell Phone ______________________ Email_____________________________

Patients Primary Dental Insurance Information

Subscriber's Name ______________________ Insurance Company_____________________ Insurance I.D.______________________

Employer______________________________ Employers Address ____

Patients Secondary Insurance Information

Subscriber's Name ______________________ Insurance Company_____________________ Insurance I.D.______________________

Employer______________________________ Employers Address ____