KULICK DENTAL
CHILD REGISTRATION FORM

Today's Date:					
PATIENT INFORMATION					
Childs Last Name: First: Middle:			Pediatric Physician:		
Is this their legal name? ❑ Yes ❑ No	If not, what is their legal name?	(Nickame):	Birth Date: / /	Age:	Sex: ❑ M ❑ F
Street Address:		Social Security No.:		Primary Phone No.: ( )	
P.O. Box:	City:		State:	ZIP Code:	
Grade:	School:			School Phone No.: ( )	
Chose Kulick Dental because/Referred to Kulick Dental by (please check one box): ❑Dr._____ ❑ Insurance Plan ❑ Hospital					
❑ Family ❑ Friend ❑ Close to home/work ❑ Post Card ❑ Other_____ ❑ Internet					
Other family members seen here:					

INSURANCE INFORMATION					
(Please give your insurance card to the receptionist.)					
Person responsible for payment:	Birth Date: / /	Address (if different):		Primary Phone No.: ( )	
Relationship to Child:					
Occupation:	Employer:	Employer Address:		Employer Phone No.: ( )	
Is this patient covered by insurance? ❑ Yes ❑ No					
Please indicate primary insurance ❑ Aetna ❑ Ameritas ❑ Cigna ❑ Delta Dental ❑ Dentegra ❑ Dentemax ❑ Guardian ❑ MetLife ❑ Principal ❑ Other_____					
Subscriber's Name:	Subscriber's S.S. No.:	Birth Date: / /	Group No.:	Policy No.:	Co-payment: $
Name of secondary insurance (if applicable):	Subscriber's name:		Group No.:	Policy No.:	

HEALTH HISTORY		
Is child allergic or sensitive to anything including medications?	Has child lived or been living in an area where water supply was fluoridated?	
Has child experienced any unfavorable reaction from any previous medical or dental care?	Is child in good health? (explain)	
Any History of : ❑ Cancer ❑Diabetes ❑ Rheumatic fever ❑ Hepatitis ❑ Hemophilia ❑ Abnormal bleeding ❑Other_____ ❑ Heart Murmer		
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Kulick Dental or the insurance company to release any information required to process my claims.		
Patient/Guardian Signature		*Date*