A Tooth Doctor for Kids
Pediatric Dentistry

Please help us keep our records current!

Routine check-ups include an oral exam, cleaning, fluoride treatment and any necessary X-rays. Please let us know if you any questions.

Child's Name: _____ **Age** _____

MEDICAL UPDATE

	YES	NO
1. Has there been any change in your child's medical history (including **allergies**, medications, surgeries, etc.)? List: _____	☐	☐
2. Has there been any injury to the teeth, head, or neck since your last visit? List: _____	☐	☐
3. Is there any condition or problem you wish to bring to the Doctor's attention this visit? List: _____	☐	☐

FAMILY RECORD UPDATE

1. Is there a change in your phone, address or email? Phone: _____ Address/Email: _____	☐	☐
2. Any dental insurance or employer changes? List: _____	☐	☐

Cancellation / No Show Policy

For all parties concerned, in consideration of your child, fellow patients, and the doctors, please know the appointment is reserved for you/your child. We kindly ask that you give us adequate notice for any cancellations.

Please be aware that our office requires a 48 business hour notice for cancelling an appointment. This does not include the time we make our appointment reminder phone calls. Failure to contact our office within 48 business hours may result in a $50 per patient charge.

Video / Picture Policy

To respect the privacy of our patients, families, doctors and staff, videos are not permitted. Please refrain from taking any photos without prior consent.

Patient/Guardian Signature _____ Date: _____

Relationship (if applicable)_____