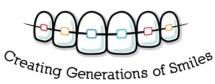
Orthodontic Associates of Collegeville, P.C. Adam J. Weiss, D.M.D. Sarah S. Pavlow, D.M.D.,M.S. Orthodontics for Children & Adults

UPDATE YOUR CHILD



ABOUT YOUR CHILD			
Child's Name:	Date of Birth:/_	/	
Mailing Address:			
Mother's Name:Em	ıail:		
Mother's Cell Phone:Other	Phone:		
Father's Name: En			
Father's Cell Phone: Other			
Guardian's Name:En			
Guardian's Cell Phone: Other			
Name of Financially Responsible Party:			
Responsible Party Marital Status: Single Married Partnered Divorced Separated			
INSURANCE INFORMATION			
Has any of your insurance information changed? \square No \square Yes *	If no insurance changes, please skip t	to next se	ction
Insurance Co. Name:	Phone:		
Subscriber Name:	Relation to Patient:		
Subscriber ID# Group	#		
Subscriber Employer:Subscriber DOB:/			
I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I			
understand I am financially responsible for any balance not paid by my insurance company. <i>Please put your initials in the</i> box . Please provide this office with any new Primary/Secondary Insurance cards.			
MEDICAL/DENTAL INFORMATION			
WILDICAL/DENTAL INFORMATION			
Name of GENERAL DENTIST :			
1. Have there been any changes to your child's health? If yes, please explain:		□ Yes	⊔ INO
2. Is your child taking any medications? If yes, what?		□ Yes	□ No
3. Does your child have a medical condition (heart murmur, heart defect, etc.)		□ Yes	□ No
that requires antibiotics prior to dental treatment?			
4. Is your child allergic or sensitive to a medication or other produc	ct?	☐ Yes	\square No
If yes, what?			
5. Is your child allergic or sensitive to latex, metals or plastics? Wh	ich?	□ Yes	□ No
6. Does your child have an oral habit? (i.e. finger sucking, lip/nail biting, grinding/clenching)		□ Yes	□ No
If yes, which?			
7. Is there anything about your child's teeth, mouth or jaw that co		□ Yes	□ No
If yes, please explain	,		
I understand the above information was completed to the best of my knowledge and understand it is my responsibility to inform			
this office of any further changes to the information I have provided.			
Signature_			

Today's Date _____