Werner Pediatric Dentistry of Woodstock | 250 Parkbrooke Place, Ste 250 Woodstock, GA 30189 | 678-224-5722

Patient Intake Form

Your Child

Child's Name: __________________________________ ____Preferred Name____________________________________

DOB ____/_____/_______ Age _______ Sex: M F Phone: ____

Home Address: ____

City: ____ State: ___________ Zip: __________________________

School: ____ Grade: __________________________________

How did you hear about our office: ____

Parent Information (Mother or Guardian)

Name: ____ Relationship: ________________________________

Address (if different from child) ____City_______________ Zip _______

Social Security # ________-______-_________ Birthdate: ___/___/________ Phone: ____________________________

Employer _____________________________Occupation ________________________Work phone______________________

Email: ____

(Father or Guardian)

Name: ____ Relationship____________________________________

Address (if different than child) ____City _______________Zip ________

Social Security # ________-_____-________ Birthdate: ____/___/_____ Phone: _________________________________

Employer: ______________________________Occupation_____________________ Work phone_________________________

Primary Dental Insurance

Insured's Name ____ Birthdate: ____/_____/__________

Insurance Company ____Phone:_____________________________

Employer_____________________________ ID or SS#______________________________ Group#_______________________

Insurance Co Address ____ _City _______________State _______Zip ___________

Financial Arrangements: For your Convenience we offer the following methods of payment, please check the option you prefer. Payment in full is due at each appointment.

Cash_________ Check____________ MC_________ Visa_________ Discover __________ Care Credit ___________

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my dependent's behalf. I agree to be responsible for all fees incurred in attempting to collect these fees if they should become delinquent.

Signature of Parent or Guardian__________________________________ Print _________________________________Date______________