



NEW PATIENT INFORMATION (UNDER 18 YEARS OF AGE)

Thank you for choosing Discover Orthodontics! Please complete this form so we can provide your child with the best orthodontic care.

Today's Date: _____

1 PATIENT INFORMATION

Patient's Full Name: _____ Date of Birth: _____

Nickname: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Other

Home Address: _____
 Street City State Zip Code

School: _____ Grade: _____

2 PARENT / LEGAL GUARDIAN INFORMATION

Name: _____

Relationship to Patient: ☐ Mother ☐ Father
☐ Guardian ☐ Other: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Employer: _____

Occupation: _____

3 SECOND PARENT / GUARDIAN (OPTIONAL)

Name: _____

Relationship to Patient: ☐ Mother ☐ Father
☐ Guardian ☐ Other: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Employer: _____

Occupation: _____

4 HOW DID YOU HEAR ABOUT US?

☐ Dentist (Name: _____) ☐ Instagram

☐ Family / Friend (Name: _____) ☐ Insurance

☐ Google ☐ School

☐ Facebook ☐ Other: _____

5 DENTAL INSURANCE INFORMATION

PRIMARY INSURANCE

Subscriber Name: _____

Relationship to Patient: _____

Insurance Company: _____

Member ID: _____

Group Number: _____

Subscriber Date of Birth: _____

Employer: _____

SECONDARY INSURANCE (IF APPLICABLE)

Subscriber Name: _____

Relationship to Patient: _____

Insurance Company: _____

Member ID: _____

Group Number: _____

Subscriber Date of Birth: _____

Employer: _____

Please provide a copy of the front and back of your insurance card.

6 EMERGENCY CONTACT

Name: _____

Relationship to Patient: _____

Phone Number: _____

7 PREFERRED COMMUNICATION

How would you like us to contact you?

☐ Text ☐ Phone Call ☐ Email

Preferred Phone Number: _____

8 PARENT/GUARDIAN ACKNOWLEDGEMENT

*I certify that the information provided above is complete and accurate to the best of my knowledge.
 I understand that it is my responsibility to notify Discover Orthodontics of any changes to this information.*

Parent/Guardian Signature: _____ Date: _____



PLEASE BRING YOUR PHOTO ID AND DENTAL INSURANCE CARD TO YOUR APPOINTMENT.

Thank you!

