

**MOTHER'S INFORMATION**

Name \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work # \_\_\_\_\_

Home # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

**FATHER'S INFORMATION**

Name \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work # \_\_\_\_\_

Home # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

**PRIMARY ORTHODONTIC INSURANCE**

Orthodontic Coverage? Yes \_\_\_\_ No \_\_\_\_

Insurance Co. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Insurance Co. Phone # \_\_\_\_\_

Group # \_\_\_\_\_

Policy Owner's Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Policy Holder's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance ID # or SS # \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

**SECONDARY ORTHODONTIC INSURANCE**

Orthodontic Coverage? Yes \_\_\_\_ No \_\_\_\_

Insurance Co. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Insurance Co. Phone # \_\_\_\_\_

Group # \_\_\_\_\_

Policy Owner's Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Policy Holder's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance ID # or SS # \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE:** \_\_\_\_\_