

**Smile Stars Pediatric Dentistry  
Patient Information Update:**

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is the child covered by Dental Insurance? Yes / No

If yes, please present your new card to the front desk and provide the following information:

Name of insurance holder: \_\_\_\_\_ DOB: \_\_\_\_\_  
Insured parent's employer: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_  
Name of insurance provider: \_\_\_\_\_  
Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Claims Address: \_\_\_\_\_

Please list any medications your child is currently taking (prescription or over the counter):

Has your child ever been hospitalized for any reason? If so, when and what for?

Does the patient have any drug or latex allergies?

Has the patient had a history of any of the following? Check all that apply:

Respiratory problems       Diabetes       Kidney or Liver disorder  
 Brain injury or shunt       Seizures/convulsions       Heart disorder  
 Blood disorder       Development Delays       Other: \_\_\_\_\_

Does the patient have any current oral habits? (pacifier, thumb, etc...)?

**Please read our cancellation policy and sign below:**

The smile stars team will make several attempts to confirm your child's appointment 24 to 48 hours prior to you appointment time. It is required that the parent or guardian responsible for the child confirm the appointment with our office. If confirmation is not achieved, the appointment is subject to cancellation.

***All missed appointments and last minute cancellation are subject to charge.***

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_