Angela L. Templeton, DDS, PC
320 New Shackle Island Rd. Suite B1
Hendersonville, TN 37075

Pediatric Dentistry
Practice Limited to
Children, Adolescents

Child's Registration and Personal Health History

Please fill in the personal health history on the following pages. This information is an important aid in making a thorough evaluation of your child's dental health. It also allows us to more adequately plan for your child's emotional and dental needs. This important document; therefore, becomes an integral part of our continuing evaluation of your child's growth and development in these formative years. This material is confidential. Our thanks for your cooperation.

Date_____________________

Child's Name____Age________Birthdate___________________

Address____________________________________City_______________State_____Zip Code______________

Father's Name________________________________Mother's Name__________________________________

Home Phone #__________________________________Work Phone #_________________________________

Occupation____________________________________Employer______________________________________

IF YOU HAVE INSURANCE, WE NEED THE FOLLOWING INFORMATION FOR VERIFICATION:

Subscriber_________________________Social Security Number_________________Date of Birth___________

Employer____________________________________Address____

City_________________________________State________Phone #____________________________________

Dental Insurance Carrier_________________________________Policy/Group #__________________________

Address____City______________________State___________

Insurance Signature(allows us to file your claim electronically)____

Name and address of person responsible for child's account if different than above________________________

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Whom may we thank for referring you to our office ____

Name and birthdates of other children____

Family Dentist____Phone #________________________________

Child's Physician____Phone #_____________________________