PARKER ORTHODONTICS
your smile · inspired
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Delmar, NY 12054
518.439.9339 Phone
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DAMON SYSTEM
More than straight teeth

Member American Association of Orthodontists

Patient Information (Child)

Welcome!

Date:_____

NAME:_____
First middle last

Address:_____
Street city state zip

E Mail Address (parent/account holder):_____

TELEPHONE call at work? Y( ) N ( )

Home:_____Work:_____

Fax:_____Cell:_____

When is the best time to reach you?_____

Best day?_____Where_____

In the event of an emergency, who should we contact?

Name:_____

Relationship:_____

Work #:_____Home:_____

Date of Birth:

_____

Age _____yrs. Sex: ❑ M ❑ F

√ Check appropriate box:

❑ Minor ❑ Single
❑ Married ❑ Divorced
❑ Widowed ❑ Separated

Father's Name:_____Work Phone:_____

Father's Employer:_____Occupation:_____

Mother's Name:_____Work Phone:_____

Mother's Employer:_____Occupation_____

Patient lives with: ❑ Both Parents ❑ Mother ❑ Father ❑ Adopted Parents

Marital status of parents: ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Remarried ❑ Widowed

If patient is a student,
Name of school/college:_____City_____State_____Zip_____

Whom may we thank for referring you?_____

Hobbies: Musical Instrument_____Sports:_____

Interests:_____

Names and ages of siblings in family:_____

Responsible Party

Name of person responsible for this account:_____Relationship: _____

Address:_____
street city state zip

Home Phone:_____Soc. Sec. #_____ Birthdate_____

Employer:_____Work Phone:_____

Is this person currently a patient in our office? ❑ Yes ❑ No