

Information Update

(Please print legibly, Thanks!)

Patient name: _____

Parent name: _____

Since your child's last visit, has he/she had any changes to his/her medical history?

No

Yes. Please describe: _____

Has your child's dental insurance coverage changed since his/her last visit to our office?

No

Yes. If yes, we will need to make a copy of the new insurance card.

Has your cell phone # or home # changed since your child's last visit?

No

YES. What is your new Cell phone #? _____ New Home phone # _____

Has your email address changed since your child's last visit?

No

Yes. What is your new email address? _____

Has your mailing address changed since your child's last visit?

No

Yes. What is your new address? _____

(I will not hold Dr. Brinton, or any member of his staff responsible for any action they take or do not take, because of errors or omissions that I may have made in completion of this form)

Signature _____ Date _____

Print name _____