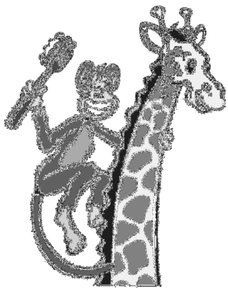

Children's Dental Associates

Pediatric Dentistry

James L. Hutton, D.D.S. • Heather H. Owens, D.D.S.

Board Certified by the American Board of Pediatric Dentistry

(931) 381-9721 www.childrensdentalcolumbia.com

TELL US ABOUT YOUR CHILD

Name:____

Name called:____

Male   Female   Age:_____

Date of Birth:____

Siblings/Ages:____

School/Grade:____

Child's Physician:_____________________________________

Physician Phone #:____________________________________

Date of Last Physician Visit:___________________________

Child's SS#:____

TennCare: Yes   No

MOTHER'S INFORMATION

Name:____

Address:____

____

Home #:_______________ Cell #:__________________

Employer:____

Work #:________________ SS#:__________________

Date of Birth:____

Email address:_______________________________________

Marital Status: Married   Single   Separated

Divorced   Widowed

FATHER'S INFORMATION

Name:____

Address:____

____

Home #:_______________ Cell#:___________________

Employer:____

Work #:________________ SS#:__________________

Date of Birth:____

Email address:_______________________________________

Who has legal custody of this child?

____

Was your child adopted?   Yes   No

Nearest relative not living with you:____________________

Relationship to child:_________________________________

Phone #:____

Other children in your family who have received dental care from this office:_________________________________

Is this your child's first visit?   Yes   No

Who may we thank for referring you?_________________

Has your child had an unfavorable experience in a dental or medical office?   Yes   No

If yes, please describe:______________________________

____

Has your child had any unfavorable reaction to medications including antibiotics and local anesthetics?   Yes   No

If yes, please describe: ______________________________

____

Please list all medications your child is currently taking:____

____

Is your child being treated by a physician?   Yes   No

If yes, please describe:______________________________

____

Home water source: City   Well   Spring

Does your child take fluoride supplements?   Yes   No

Does your child have any of the following?
Please circle.

broken tooth	mouth injury	jaw pain
cavities	sensitive teeth	toothache
crooked teeth	mouth ulcers	fever blisters
thumb sucking	finger sucking	pacifier

Has your child ever had any problems with the following?
Please circle.

anemia	asthma
attention deficit	autism
bleeding	blood transfusions
cerebral palsy	cleft lip/palate
diabetes	Down Syndrome
emotional problems	epilepsy
heart defect	fainting
hepatitis	HIV/AIDS
mental illness	liver/kidney
nervous disorder	mental retardation
seizures	rheumatic fever
tuberculosis	speech/hearing

Other:____

PRIMARY DENTAL INSURANCE

Insurance Co.:___________________________________

Address:____

____

Phone #:____

Group #:________________Policy #:________________

Subscriber's Name:_______________________________

Relationship to Child:_____________________________

Subscriber's Date of Birth:________________________

Subscriber's SS#:________________________________

Subscriber's Employer:____________________________

SECONDARY DENTAL INSURANCE

Insurance Co.:___________________________________

Address:____

____

Phone #:____

Group #:________________Policy #:________________

Subscriber's Name:_______________________________

Relationship to Child:_____________________________

Subscriber's Date of Birth:________________________

Subscriber's SS#:________________________________

Subscriber's Employer:____________________________

GUARDIAN & FINANCIAL INFORMATION

Dr. James Hutton and Dr. Heather Owens are committed to providing your child with the best possible care. They are Board Certified Pediatric Dentists. They adhere to the guidelines recommended by the American Association of Pediatric Dentistry and the American Dental Association.

Since your child is a minor, it is necessary that signed permission be obtained from the legal guardian before any dental treatment can be performed. Authorization is granted by signing below.

If you have insurance, we are eager to help you receive maximum allowable benefits. The coverage provided by insurance companies varies from company to company. It is impossible for our office to know how much each company pays for each procedure and what they do not cover. Therefore, it is important for you to familiarize yourself with your insurance coverage.

The fact that your insurance chooses not to cover a certain dental procedure does mean that the procedure is not important for your child. It is generally a way employers seek to minimize the cost of the company's insurance plan.

As dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we provide for our patients, all charges are your responsibility from the date services are rendered.

Payment for services is due at the time treatment is rendered. If, however, your child is covered by dental insurance, then you will be expected to pay an estimated portion at that time. We will discuss your child's treatment needs with you and answer any questions relating to your insurance that you may have.

Please list any procedure that you do **NOT** want to be performed on your child:____

____

I do not hold Dr. Hutton or Dr. Owens responsible for any detrimental effects that result from the above procedure not being rendered. I have read and understand the above information. I understand that certain dental procedures may not be covered by my insurance. I want the procedures rendered that represent the standard of care as presented by the American Academy of Pediatric Dentistry and the American Dental Association. I agree to pay for any expenses not covered by my insurance. I understand that should there be a procedure that I do not wish to be performed on my child, I must notify the office prior to my child's visit. By signing below, I am giving consent for Dr. Hutton and Dr. Owens to perform dental services for my child.

____ ____

Signature of Parent/Legal Guardian Date