

WESTSIDE FAMILY DENTISTRY
2300 Buffalo Rd. Bldg 800A
Rochester, NY 14624
(585) 247-1530
wfdentistry14624@gmail.com

Please tell us about your Child

Child's Name _____ Nickname _____ Female ___ Male ___

Child's Birthdate _____ Child's Age _____ School _____ Grade _____

Child's Home Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone Number _____ Hobbies _____

Who is Accompanying the Child Today?

Name _____ Relation ship _____ Do you have legal custody of the child? Yes ___ No ___

Emergency contact other than you (name and phone) _____

Mother's Information

Name _____ DOB _____

Address _____

Email address _____

Home/Cell Phone # _____

Employed by _____

SS# _____

Dental Insurance Co _____

Dental Insurance ID# _____

Dental Insurance Group # _____

Father's Information

Name _____ DOB _____

Address _____

Email address _____

Home/Cell Phone # _____

Employed by _____

SS# _____

Dental insurance Co _____

Dental Insurance ID# _____

Dental insurance Group # _____

I certify the truth of all above information.

Signature of Parent/Guardian _____