

Jason Hirsch DMD MPH
Hirsch Dentistry

Child's Name _____ Sex _____ Date of Birth _____

Child's Pediatrician _____

Does Your Child Have any of the following concerns or taking Medications for the following:

Allergies _____

Heart Condition _____

Diabetes _____

Cancer _____

Bleeding Problems _____

Neurological _____

Has Your Child Been Hospitalized _____ When _____

Is there any specific **Medical condition** or **Medication** not listed above that should be of concern to the Dental office?

What is the purpose of your visit today? (yes or no)

Routine care _____

Discomfort _____

Other _____

Are there any specific dental concerns for Dr Hirsch today? (please be brief):

Today's Parent and Payment Information

Parent Full Name_____

Address_____

Phone Number (cell)_____

If Legal Guardian please briefly explain relationship:

Dental Insurance Information: (please provide carrier information including policy number)

Carrier_____

Policy Number_____

Agreement for Services:

The parent or guardian agrees to pay for all services rendered during this appointment unless other arrangement has been agreed upon.

Dental Insurance is a benefit not a guarantee of payment and only certain procedures are covered benefits per individual plans. All procedures not covered will be explained prior to delivering service and required to be paid in full at that time of service.

I fully understand the terms and conditions of this:

Signature _____ Today's Date_____

