

Wild For a Smile

Medical and Contact Update

Child's Name: _____

1819 61st Avenue, Suite 101 * Greeley, CO 80634

Has your child had: Any serious illness since last visit? Y__N__

970-506-1339 * Fax: 970-339-8500

Since last visit any accidents involving teeth or face? Y__N__

www.wildforasmile.com

If yes, please explain: _____ Allergies to foods, medications, nuts _____

Is your child taking medication routinely? Y__N__

If yes, please list medication and why your child is taking it: _____

Has your child been diagnosed with any new medical conditions? _____

Do you have any questions or concerns about your child's dental care? _____

Email address: _____ Contact Preference: ___ Phone ___ Email ___ Text

Have you added/dropped or changed your previous dental insurance? _____

New insurance carrier _____

CONSENT: It is necessary because your child is a minor that permission is obtained from a parent or guardian before necessary treatment is performed. The signature of a parent or guardian affixed below authorizes the completion of all agreed upon dental treatment and the use of those methods appropriate there to. This consent shall remain in full force and in effect until cancelled by either party. Furthermore, the undersigned agrees to be responsible for any bill incurred by this child for the dental treatment regardless of insurance coverage. I also consent to the use of agreed upon x-rays, photographs, or any other diagnostic aids taken to be used for educational purpose. I fully understand this consent and have no further questions.

Parent/Guardian Signature

Date

Relationship To Child