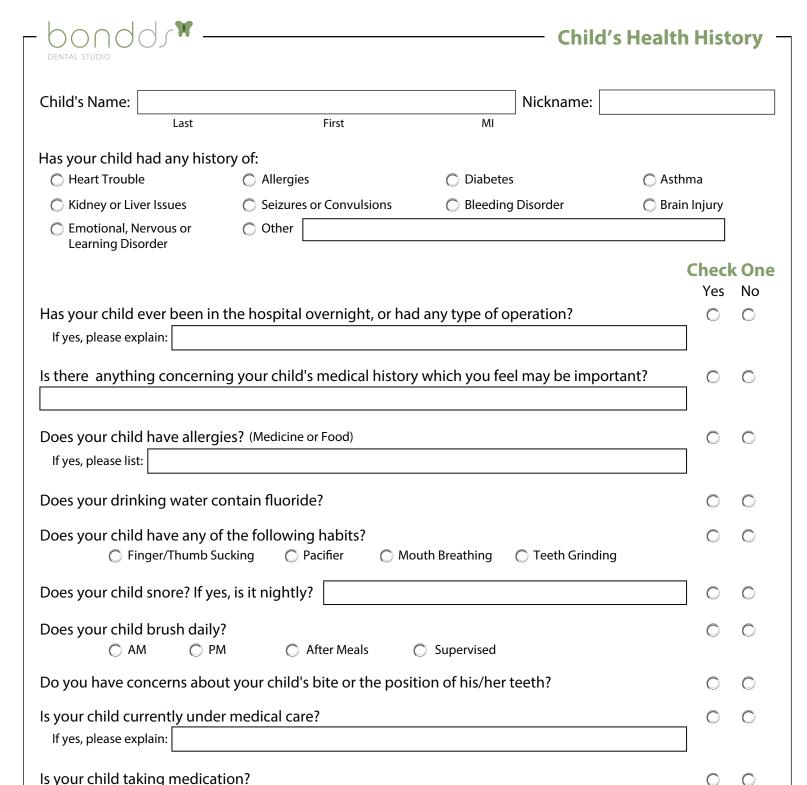
- bondds W -	Child Information
Child's Name:	Nickname:
Last First	MI
Date of Birth: Age:	Gender: Male Female
Child resides with: Mother Father Both Lega	Guardian:
Parent's Marital Status:	
Child's Home Address:	
Phone Number: Child's Interes	City State Zip Code
Grade: School Name:	
Person Responsible for Child's Account:	
E-mail:	
Address of Person Responsible for Account:	If different than Child's Address
ii different than Child's Address	
Parents In	formation
Father:	SSN:
Father's Birth Date:	Father's Cell Phone:
Mother:	SSN:
Mother's Birth Date:	Mother's Cell Phone:
Father's Employer:	
Business Phone:	Occupation:
Mother's Employer:	
Business Phone:	Occupation:
Insurance Information	
Name of Dental Insurance Company, if any:	
Name of Insured:	Insurance ID#:
Insurance Company Phone and Address:	
Other Children in Family (Please list names and ages):	
Child's Physician:	Former Dentist:
Preferred confirmation methods: © E-mail © Phone © Text	
Whom may we thank for referring you to our office?	



I hereby authorize and direct the Doctors of Bondds Dental Studio, assisted by dental auxiliaries of their choice, to perform upon my child (or legal ward for whom I am empowered to consent) dental services that in their judgment are advisable with the exception of:

Has your child experienced any unfavorable reaction from previous dental or medical care?

If yes, please list:

Although their occurrence is not frequent, some risks and complications are known to be associated with dental or oral surgery procedures. The most common complications associated with pediatric dental treatment include nausea following the administration of topical fluoride and children biting and injuring their tongue or lip following the administration of local anesthesia. Less common complications include risks of numbness, infection, swelling, prolonged bleeding, discoloration, vomiting, allergic reactions, swallowing or aspiration of a crown or extracted tooth, injury to the tongue, lips or cheek, damage to and the possible loss of existing teeth and or fillings, injury to nerves near the treatment site and fracture to a tooth which may need additional treatment. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that there can be no guarantee as expressed or implied either as to the result of the treatment or as to cure. I understand that I am free to withdraw my consent to treatment at any time, and this consent will remain in effect until such time that I choose to terminate it. If there is ever a change in my child's health, I will inform the doctor at the next appointment.