GrapevineKids
DENTAL AND ORTHODONTICS

1230 S. Main Street.
Grapevine, TX 76051
817-909-2920
smile@grapevinekids.com

Family Information

REGISTRATION

Parent/Guardian: _____ DOB: _____
Address: _____ City: _____ ST: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
Email Address: _____
May we text you? _____ Yes _____ No

PATIENT

Patient Name: _____ Sex: M F DOB: _____
Patient Name: _____ Sex: M F DOB: _____
Patient Name: _____ Sex: M F DOB: _____
Patient Name: _____ Sex: M F DOB: _____
Patient Name: _____ Sex: M F DOB: _____
Patient Name: _____ Sex: M F DOB: _____

EMERGENCY CONTACT

Please list the family members (or other persons), if any, with whom we may discuss dental treatment and/or diagnosis and release records.
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

X _____ (Signature)
X _____ I authorize the office employees to send school excuses to the school employees and to inform the school if my child had a dental appointment and the date release to go back to school.

PRIVACY PRACTICES

I, _____, have received a copy of the Notice of Privacy Practices. I understand that the purpose of this form is to document that this office has made an effort in helping me be aware of the required privacy practices under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
X _____ (Signature) Date: _____