

# Westbrook Dental Centre Child - Patient Registration

Date:

Child's Name :

Prefers to be addressed as:

Address:

Postal Code:  Date of Birth:  Age:  Sex:  Male  Female  
Day / Month / Year

Alberta Health Care Number :

Mother's (Guardian's) Name :

Address (if different from above :

Postal Code:

Home Phone #:  Business Phone #:

Employed by:  Occupation:

**If child has dental insurance listed under mother's name, please complete:**

Name of Insurance Company:

Group Policy # :  Certificate #:

Date of Birth of Policy Holder:

Father's (Gaurdian's) Name:

Address (if different from above :

Postal Code:

Home Phone #:  Business Phone #:

Employed by:  Occupation:

**If child has dental insurance listed under mother's name, please complete:**

Name of Insurance Company:

Group Policy # :  Certificate #:

Date of Birth of Policy Holder:

**Westbrook Dental Centre**  
**Child - Patient Registration**  
*(Continued)*

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Permit for Procedure on a Minor

I hereby authorize that all necessary dental services agreed upon be rendered for

*(name)*

on

*(date)*

. This consent shall remain in full force and effect until cancelled.

Signature of Parent/Guardian:

Relationship:

Witness: