

Westbrook Dental Centre Child-Patient Registration

Date:

Please complete the following information to the best of your knowledge. All information is strictly confidential.

Child's Name:

Prefers to be addressed as:

Address

Postal Code Province City

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

Mother's (Guardian's) Name:

Address if different from above:

Postal Code Province City

Home Phone Business Phone

Employed By: Occupation:

Father's (Guardian's) Name:

Address if different from above:

Postal Code Province City

Home Phone Business Phone

Employed By: Occupation:

If child has dental insurance listed under Mother's Name, please complete:

Policy Holder (Mother): Name of Company:

Group Policy #: Certificate:

Date of Birth of Policy Holder:
Day / Month / Year

If child has dental insurance listed under Father's Name, please complete:

Policy Holder (Father): Name of Company:

Group Policy #: Certificate:

Date of Birth of Policy Holder:
Day / Month / Year

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(Continued)

Permit for Procedure on a Minor

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

on

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

Signature of Patient (parent/guardian)

Relationship

Witness