Keiki Dental

Pediatric Specialist

PATIENT'S NAME _____ MALE / FEMALE
Last First M.I. Date of Birth

MOTHER'S NAME _____
Last First M.I.

ADDRESS _____

_____

EMPLOYER_____

POSITION _____

HOME PHONE _____

CELL/PAGER _____

E-mail: _____

SSN# _____ BIRTH DATE_____

FATHER'S NAME _____
Last First M.I

ADDRESS _____

_____

EMPLOYER _____

POSITION _____

HOME PHONE _____

CELL/PAGER _____

E-mail: _____ _____

SSN# _____BIRTH DATE _____

REFERRED BY? _____

SOMEONE TO NOTIFY IN CASE OF EMERGENCY NOT LIVING WITH YOU

_____

_____
RELATIONSHIP TELEPHONE

INSURANCE: _____

_____

_____

PATIENT SPECIAL INTERESTS, SPORTS OR HOBBIES _____

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_____

FOR OFFICE USE

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□ I authorize Keiki Dental to send me text messages and/or emails for appointment reminders and other communication. ***Initial:*** _____

- I authorize the dentist to perform diagnostic procedures and treatment as necessary for proper dental care and his staff to review information in my child's chart as needed. I authorize the staff to take and post picture of my child within the office.
- I authorize the release of any information concerning my (or my child's) dental care, advice and treatment provided for the purpose of evaluating and administering insurance claims for dental benefits, and to call or mail notifications to me regarding my child's dental treatment.
- I authorize the release of any information concerning my (or my child's) health care, advice, and treatment to another dentist.
- I hereby authorize payment of insurance benefits directly to Yongsok Do, DMD, LLC and its associates, otherwise payable to me for the dental treatment provided.
- I understand that my dental care insurance carrier or payer of my dental benefits may pay less than the actual bill for services provided. I understand that I am financially responsible for full payments of dental services provided. By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services rendered.
- I have been shown a copy of this office's **Notice of Privacy Practices** and I attest to the accuracy of the information on this page.

PARENT'S OR GUARDIAN'S SIGNATURE _____RELATIONSHIP_____ DATE_____

REGISTRATION

updated 9/14/2022