denali pediatric DENTISTRY

(907) 334-9543
2600 Denali Street, Suite 500
Anchorage, AK 99503

Dr. Meghan Foster, D.D.S. | Dr. K.C Rabatin, D.D.S.

Please answer all questions on both sides, so that we may diagnose your child's oral health as accurately as possible.

Responsible Party
(Person who brought to appointment and signed Office Policy)

Relationship to Child

Child's Full Name
Preferred Name ☐Male ☐Female
Birthdate Age
Social Security #
Home Phone
Mailing Address
City State Zip

IN CASE OF EMERGENCY, WHO MAY WE CONTACT?

Emergency Contact Name
Relation to Child
Home Phone
Work Phone

Mother's Name		**Father's Name**	
Birthdate		Birthdate	
Social Security #		Social Security #	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
Employer		Employer	
Business Phone		Business Phone	
Email Address		Email Address	

With whom does this child reside?

PRIMARY DENTAL INSURANCE

Employee | Relation to Child | Employer
Insurance Co. | ID # | Group # | Insured Birthdate

SECONDARY DENTAL INSURANCE

Employee | Relation to Child | Employer
Insurance Co. | ID # | Group # | Insured Birthdate

I hereby authorize payment directly to Denali Pediatric Dentistry for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents. I authorize Denali Pediatric Dentistry to release the information required to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party **Date**

Whom may we thank for referring you?