



Phone: 770.925.3300 | TeboDental.com

****Additional Family Member****

Patient's Name _____ D.O.B. ____ / ____ / ____ No Changes To Insurance Information (Skip Insurance Section)

Dental Insurance _____ Subscriber's Name _____ Member ID _____

Insurance Phone # _____ Subscriber's S.S.# _____ Group / Plan # _____

Please List All Current Medications _____

Please List Current Allergies & Reactions _____

Preferred Language English Spanish

If any changes have occurred in the following list, please check its box and correct it below.

- Parent's Name Medical Condition Emotional Problems Allergies Psychological Issues
- Financial Responsibility Any Health Changes Oral Habits Mouth Sores/Ulcers Seizures Disorder
- Parent's Marital Status Heart Murmur Sickle Cell Past Surgery (if yes,
- Current Medications Hospitalization Speech Therapy please explain: _____

Are there any questions about your child's dental health that we can answer today?

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