

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 & Reactio	ns		
Preferred Language	Spanish		
If any changes have occurre	d in the following list please of	and its have and sorrast it halo	
	ed in the following list, please ch		
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 abo	out your child's dental health th	at we can answer today?	
**Additional Family Member		1	
			No Changes To Insurance Information (Skip Insurance Section)
			Member ID
Insurance Phone #		Subscriber's S.S.#	Group / Plan #
Please List All Current Medications			
Please List Current Allergies & Reaction	ns		
Preferred Language	Spanish		
If any changes have occurre	d in the following list, please ch	neck its box and correct it belo	w.
Parent's Name	Medical Condition	Emotional Problems	Allergies Psychological Issues
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Parent's Marital Status	Heart Murmur	Sickle Cell	Past Surgery (if yes,
Current Medications	Hospitalization	Speech Therapy	please explain:
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Are there any questions abo	out your child's dental health the	at we can answer today?	
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			Member ID
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Please List Current Allergies & Reaction			
Preferred Language English	Spanish		
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