Churchwell Pediatric Dentistry PLC

1099 Poplar View Lane North
Collierville, TN 38017-9339
901-854-9555
Churchwellpediatricdentistry.com

Caroline H. Churchwell DDS
Board Certified

Molly M. Churchwell DDS
Board Certified

THE FOLLOWING INFORMATION AND HISTORY ARE NECESSARY FOR ADEQUATE TREATMENT AND UNDERSTANDING OF YOUR CHILD. THANK YOU FOR COMPLETEING IT IN FULL.

Patient's Name____ Nickname ___________________
Sex _________ Race __________ Weight ________ Age ______ Date of Birth ____________________
Patient's Address ____
STREET CITY STATE ZIP
Home Phone ____________________________ Social Security No. ____________________________
Patient's School ____
Best Phone Number to Confirm/Text Appointments ____

Father's Name ____ Date of Birth ________________
Dad's Address ____
STREET CITY STATE ZIP
Employer _____________________________ Social Security No. ______________________________
Home: _____________________ Work: ____________________ Cell: __________________
Email Address ____

Mother's Name ____ Date of Birth ________________
Mom's Address ____
STREET CITY STATE ZIP
Employer _____________________________ Social Security No. ______________________________
Home: _____________________ Work: ____________________ Cell: __________________
Email Address ____

With whom does patient live? ____
Other children in family (names & ages) ____
Family Dentist __________________________ Child's Physician _______________________________
Dental Insurance Yes? ____ No? ____ Company ____
Policy No _______________________ Group No ___________________________
Whom may we thank for referring you to our office? ____
Address, if known ____
STREET CITY STATE ZIP

How did you hear about out office? (Please check one)
Doctor ☐ Dentist ☐ Patient ☐ Parent ☐ School/Daycare ☐ Internet ☐

Insurance Co ☐

Signed: ____________________________ Date: ___________ Relationship: ____________________