



Welcome & Thank You
for Choosing Us!

Celeste Wegrzyn, D.M.D., MS
www.just4kidzdentistry.com

Date: _____
Child's Name: _____
Gender: ___ Male ___ Female

Phone #: _____
Nickname: _____
Date of Birth: _____ Age: _____

Your Child

School _____ Grade _____ SS# _____
Child's Address: _____ City _____ State _____ Zip _____
Who is accompanying child today? _____ Relationship _____
Whom may we thank for referring you to our office? _____
Name and ages of other children in family _____
Who is responsible for making appointments? _____ Relationship _____

Parent or Guardian Information: ___ Mother ___ Stepmother ___ Father ___ Stepfather ___ Guardian

Name _____ Address _____
Email _____ Phone (H) _____ Cell _____ Work _____
Employer _____ Occupation _____ SS# _____ DL# _____
Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Parent or Guardian Information: ___ Mother ___ Stepmother ___ Father ___ Stepfather ___ Guardian

Name _____ Address _____
Email _____ Phone (H) _____ Cell _____ Work _____
Employer _____ Occupation _____ SS# _____ DL# _____
Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Preferred means of communication:

You may contact me at my home telephone number _____
You may contact me on my mobile telephone number _____
You may contact me on my work telephone number _____
You may send me an email at: _____
Other _____

Primary Insurance

Insured's Name _____ Relationship _____
Birthdate _____ SS# _____
Employer _____ Date Employed _____ Occupation _____
Insurance Co. _____ Subscriber # _____ Group # _____
Insurance Co. Address _____ City _____ State _____ Zip _____

Secondary Insurance

Insured's Name _____ Relationship _____
Birthdate _____ SS# _____
Employer _____ Date Employed _____ Occupation _____
Insurance Co. _____ Subscriber # _____ Group # _____
Insurance Co. Address _____ City _____ State _____ Zip _____

