

**Laura McCormack DDS, MSD**  
**Growing Smiles Pediatric Dentistry**  
**62 Corporate Park, Suite 135 | Irvine, CA | 92606**  
**(949)252-9950**

## Welcome

Patient's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ M/F  
Patient's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ M/F  
Parents/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

How would you like us to confirm your appointment? (Circle all that apply)  
Home Phone | Cell Phone | E-mail | Text Message

Do you have dental Insurance?  Yes  No If yes, please provide us the following:

Dental Insurance Co. \_\_\_\_\_ Employer: \_\_\_\_\_

Name of subscriber/primary person on insurance \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID or SS# \_\_\_\_\_

Do you have a Secondary Insurance?  Yes  No

Dental Insurance Co. \_\_\_\_\_

Name of subscriber/primary person on insurance \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID or SS# \_\_\_\_\_

In case of an emergency, please notify (**NOT PARENT**):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Who may we thank for introducing our office to your family? \_\_\_\_\_

### **Informed Consent:**

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care. I consent to the dentist's use and disclosure of my child's records to carry out treatment, to obtain payment, and for those activities and health care operations that are related to the treatment or payment.

I authorize payment directly to the dentist from my insurance company. I understand that my dental insurance may pay less than the actual bill for services and by signing below I agree to be responsible for payment of all services not paid by my insurance company.

I have read and understand the Notice of Privacy Practices.

Initials \_\_\_\_\_

I have read and understand the Material Fact Sheet.

Initials \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_