



Children's Dental Center of Mason City

Todd R. Hoepfner, D.D.S., P.C.

615 S. Illinois Ave. Mason City, IA 50401

Phone 641-424-0060 Fax 641-424-1711

www.childrensdentalmc.com

Like us on Facebook! www.facebook.com/childrensdentalcentermc

About Your Child

Child's Name: _____ Nickname: _____

Child's Birthdate: ___/___/___ Age: ___ SS# _____ Male Female

Does the child live with Both Parents Mother Father Guardian Foster Parents Other _____

Name person(s) with legal custody of the child if different from above: _____

Child's Address: _____ City: _____ State: _____ Zipcode: _____

If the child **DOES NOT** live with both parents please provide addresses of both parents below:

Mother's Address: _____ City: _____ State: _____ Zipcode: _____

Father's Address: _____ City: _____ State: _____ Zipcode: _____

Other Family Members seen by our office: _____

Who is accompanying the child today? _____

Parent's Information

Mother's Name: _____ Birthdate: ___/___/___ SS#: _____

Mother's Employer: _____ Phone: _____

Father's Name: _____ Birthdate: ___/___/___ SS#: _____

Father's Employer: _____ Phone: _____

Contact Information

Home Phone: _____

Mother's Cell: _____

Father's Cell: _____

Email: _____

Emergency Contact Phone: _____

Name: _____

Relation: _____

Dental Insurance

Dental Insurance Yes No

Primary Insurance Company: _____

Policy Holder: _____

Secondary Insurance Company: _____

Policy Holder: _____

Whom may we thank for referring your child to our office? _____