My Kids' Dentists Health Update and Contact Information

My Kids' Dentists requires two contact numbers and an email to ensure our office staff is able to confirm you child's appointment. Please note that it is **YOUR** responsibility to provide our office with working contact information and to alert us of any changes immediately.

If My Kids' Dentists is unable to reach you to confirm or give notice of expected out of pocket expenses, we reserve the right to refuse treatment on the scheduled day. Per our policy concerning broken and/or missed appointments without 48 business hours notice a \$50, per child, fee may be assessed.

Child's Name or Nickname		
Cell or Home Phone (Circle)	Work or Other	-
Address		
Email mom	Email dad	-
Please inform us of any changes in	the following information: CIRCLE:	
1. Have there been any changes in your child	d's health since your last visit to our office? YES NO	
2. Has your child been hospitalized since you	ur last visit? If so, for what reason? YES NO	
	tions? If so, please list below: YES NO	
3. Is your child presently taking any medicat	ž.	
Signature of Parent or Guardian		
Relationship to Patient	Date	
-		
Witness (Staff only)	Date	