

# WELCOME BACK!!!

WE ARE VERY HAPPY TO SEE YOU AT YOUR  
RECARÉ APPOINTMENT

PLEASE UPDATE US OF ANY CHANGES OR SPECIAL NEWS . . .

CHILD'S NAME(S): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Text ☐ or Email ☐ appt confirmation OK? \*Please note for email communication, please review and accept disclosure:

☐ I choose to receive email or text communication as selected and I understand that if information is not relayed in an encrypted manner, there is a risk of it being accessed inappropriately.

HAVE YOU MOVED SINCE WE LAST SAW YOU? \_\_\_\_YES \_\_\_\_NO

NEW HOME ADDRESS: \_\_\_\_\_

HAS YOUR CHILD'S MEDICAL HISTORY CHANGED SINCE HIS/HER LAST VISIT? \_\_YES \_\_NO

If yes, please explain: \_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATION? \_\_\_\_YES \_\_\_\_NO If yes, please explain: \_\_\_\_\_

IS YOUR CHILD USING FLUORIDATED TOOTHPASTE? \_\_\_\_YES \_\_\_\_NO

WE CARE!!! Please inform us of any SPECIAL NEWS about your child . . . . .

Dr. Amy and her team welcome your comments and/or suggestions to make your child's visit as pleasant as possible: \_\_\_\_\_

HAS YOUR DENTAL INSURANCE CHANGED SINCE YOUR LAST VISIT? \_\_\_\_YES \_\_\_\_NO

If yes, please update the following:

Name of Policy Holder \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

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**DOES YOUR CHILD HAVE SECONDARY INSURANCE? \_\_\_\_YES \_\_\_\_NO**

Please initial that you understand per the previously signed financial policy, we file to your **PRIMARY** dental insurance as a courtesy, but do not accept secondary insurance. If you have secondary coverage through a private policy, we are happy to provide necessary documentation for you to file. If you have secondary coverage through NC Medicaid, please note if you wish to use, it must be with a provider that files both primary and secondary insurance. \_\_\_\_\_

I give permission to the following people to bring my child to his/her future appointments:

\_\_\_\_\_

**COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_**

**LEGAL GUARDIAN \_\_\_\_YES\_\_\_\_NO** If no, what is your relationship to patient? \_\_\_\_\_

**\*Just a friendly reminder-we value the privacy of our little patients and their families. We ask that you please avoid the use of all picture and recording devices within our office.**