

**Anthony C. Palombaro D.D.S
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CHILD REGISTRATION FORM

Today's Date _____

Child's First Name _____ Last _____ Middle initial _____

Child's date of birth _____ Gender male female SS# _____

Child's address _____

_____ Zip _____

Father's name _____

Father employed by _____ Bus. Phone _____ SS# _____

Mother's Name _____

Mother employed by _____ Bus. Phone _____ SS# _____

Contact's Home Phone _____ Contact's Cell Phone _____

Primary Dental Insurance carrier _____ ID # _____

Secondary Dental Insurance carrier _____ ID # _____

Whom may we thank for referring you to our office?

Federal law, effective April 14, 2003, requires this practice to provide each of its patients with the Practice's *Notice of Privacy Policy*. Please read it carefully. We will ask you to sign an *Acknowledgement* of receipt of the *Notice* for our records.

You are responsible for contacting the child's previous dental provider and authorizing the transfer of the child's dental records to this office. Please let us know if we can be of assistance.

By your signature below, you attest that you have the legal right to authorize this Practice to perform any and all dental services on the above named child, and, that you will be ultimately responsible for any fees for the services provided.

Signature _____