

**Roger D. Tipton, D.D.S., M.S., P.A.**

dentistry for kids  
6102-82nd Street, Suite 2  
Lubbock, TX 79424  
(806) 792-2288

**CONFIDENTIAL PATIENT INFORMATION:**

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Female:  Male:

Name(s) and ages of sibling(s) that are current patient(s): \_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL RESPONSIBLE PARTY:**

Mother  Stepmother  Guardian Marital Status: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City State Zip

Emergency #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ DL#: \_\_\_\_\_

Father  Stepfather  Guardian Marital Status: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City State Zip

Emergency #: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ DL#: \_\_\_\_\_

**PRIMARY DENTAL INSURANCE:**

Insured's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**ADDITIONAL DENTAL INSURANCE:**

Insured's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Ins. Co. Phone #: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PEDIATRICIAN:**

Name of Pediatrician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Present Problem requiring Dental Treatment: \_\_\_\_\_  
\_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_

*Continued on reverse side*