Welcome to

BEL-RED Pediatric Dentistry

Chris Chen, DMD, MPH

15446 Bel-Red Road, Suite 300
Redmond, WA 98052

Tel: 425-883-3399
Fax: 425-883-3391

www.belredpediatricdentistry.com

1 ABOUT CHILD

Date _____

Patient Name _____

Child Called _____ Male ___ Female ___

Date of Birth _____ Age _____

Child's Physician _____

Family Dentist _____

Referred By _____

Names of other children seen in this office _____

_____

2 INSURANCE INFO

PRIMARY DENTAL INSURANCE

Ins. Company _____

Address _____

_____

Phone # _____

Insured's SS# _____

Group # _____

Insured's Name _____

Relation _____ Date of Birth _____

Insured's Employer _____

SECONDARY DENTAL INSURANCE

Ins. Company _____

Address _____

_____

Phone # _____

Insured's SS# _____

Group # _____

Insured's Name _____

Relation _____ Date of Birth _____

Insured's Employer _____

3 ACCOUNT INFO

Mother's Name _____

DOB _____ Social Security # _____

Cell Phone _____

Email _____

Employer _____

Occupation _____

Father's Name _____

DOB _____ Social Security # _____

Cell Phone _____

Email _____

Employer _____

Occupation _____

Billing Address _____

_____

Physical Address _____

_____

Home Phone _____

4 IN CASE OF EMERGENCY

Who should we contact _____

Relation _____

Home Phone _____ Cell Phone _____

PLEASE CONTINUE ON BACK