



Peggy Lundquist DDS Angela Lee DMD Richard Grant DDS James Grant DDS 12395 El Camino Real, Ste. 218 San Diego, CA 92130

Ph: (858) 755-1515 Email: info@cocokidsdo.com

PATIENT HEALTH HISTORY UPDATE FORM

| Patient Name: | Date of Birth: | | |
|---|--|--|---|
| Address: | City | State | Zip |
| Patient's Dentist | | | |
| Mother/Guardian Name | | D | ОВ |
| Mother/Guardian NameAddress: | City | State | Zip |
| Phone Number | Email | | |
| Father/Guardian Name | | DOB StateZip | |
| Address: | City | State | Zip |
| Address:Phone Number | Email | | |
| Insurance Carrier Name: | Social Security/ID # | | |
| Insured Name: | Date of Birth | | |
| Relationship to Patient | | | |
| Name of Insurance | Group # | | |
| Address: | ne of Insurance Group # lress: Phone # | | |
| Has patient started taking any n If so please list Has patient been diagnosed with If so, please list | n any new conditions or a | allergies? Yes/No | |
| Please list any additional update If so please list The information that I have given is correct to the | ed medical information we he best of my knowledge. I understa | re should be aware | strictest confidence, and it is my |
| responsibility to inform this office of any chang the necessary dental/orthodontic service for me the office for services rendered. I understand that that responsibility for payment for dental/orthos services unless financial arrangements have bee Grant, to release all information necessary to se submissions, whether manual or electronic. I for insurance coverage. | my child. I certify that the patient is not I am financially responsible for all dontic services provided in the office an made in advance. I hereby authorize our the payment of benefits. I authorize the payment of benefits. | covered by the insurance gi charges whether or not pair for me/my child is mine, du ze Coconut Kids Dentistry & rize the use of my signature | ven, if any, otherwise payable to d by insurance. I also understand e and payable at the time of & Orthodontics / Braces By on all my insurance |
| Signature: | Date | | |
| | | | |