



Florida Department of Health in Bay County
Children's Dentistry Clinic

Patient Registration Form

Note: Parent or Guardian must stay on the premise while services are rendered

Patient Name: Last First MI DOB:

Home address: Street Apt

City State Zip Code

Email address: Home Phone:

Cell Phone: Other Phone:

Gender: Male Female Age:

Race: White Black American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic Non-Hispanic

Has the patient seen a dentist in the last six months? Yes No

If yes, which dentist did the patient see?

Has the patient's Medicaid Dental Insurance been changed in the last six months? Yes No

If yes, what previous Medicaid plan did the patient have?

Parent or guardian's name: Relationship to patient:

If you are not the parent or guardian, what is your name:

Relationship to the patient: Preferred Pharmacy:

Consent to Communicate: I authorize the Bay County Health Department Children's Dentistry Clinic staff to contact me regarding my or my child's healthcare or appointment information using the contact information I have provided above. I understand that each form of communication presents unique risks for unintentional disclosure. Understanding that I can revoke consent in writing, I consent to the following methods of communication (please initial all that apply):

Phone calls Voicemails Text messages (SMS) Emails

I also authorize the Bay County Health Department Children's Dentistry Clinic staff to contact me with information about upcoming Bay County Health Department events that may be of interest to me, using the contact information I have provided above.

X Patient or Parent/Guardian Signature Date

Children's Dentistry Clinic Staff Signature Date

Parent or guardian, please have the following ready to give to the intake clerk:

- ID/Driver's License
Child's Medicaid Card/Social Security Card
Guardianship documentation/Temporary custodial documentation (if not legal parent)

Thank you for choosing our office for your child's dental health care!