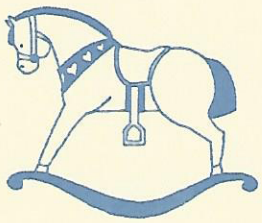

MARGARET MILLER, DDS
CHILDREN'S DENTAL CLINIC

534 Red Bird Circle
DePere, WI 54115
Ph: (920) 336-4002
Fax: (920) 336-4112
margaretmillerdds.com

Please tell us about your child:

Name _____ Nickname _____

Birthdate _____ Male / Female SS# _____

Address _____ City _____ State _____ Zip _____

Child resides with: mom dad guardian other: _____

How did you hear about our office? _____

Please tell us about: Mom Dad Step_____ Guardian

married divorced widowed single separated

Name _____ Birthdate _____ SS# _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____

Address _____ City _____ State _____ Zip _____

May we contact you at work? Yes No If Yes, phone # _____

Please tell us about: Mom Dad Step_____ Guardian

married divorced widowed single separated

Name _____ Birthdate _____ SS# _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____

Address _____ City _____ State _____ Zip _____

May we contact you at work? Yes No If Yes, phone # _____

THE PARENT OR GUARDIAN WHO ACCOMPANIES THE CHILD IS RESPONSIBLE FOR PAYMENT AT THE TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS HAVE BEEN APPROVED.

SIGNATURE _____ DATE _____