

# Welcome to Dr. Kay L. Wilson's Office

We are pleased to welcome you and your child to our pediatric dental practice. Our mission is to provide excellent comprehensive preventive and therapeutic oral healthcare in a friendly environment "Where kids come first!"

## PATIENT REGISTRATION

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ No. of Brothers \_\_\_\_\_ No. of Sisters \_\_\_\_\_ Special Interests/Pets \_\_\_\_\_  
Acct# \_\_\_\_\_

## FATHER

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
Cell Ph \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security# \_\_\_\_\_  
Employer \_\_\_\_\_  
Job/Position \_\_\_\_\_  
Employer Address \_\_\_\_\_

## MOTHER

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_  
Cell Ph \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security# \_\_\_\_\_  
Employer \_\_\_\_\_  
Job/Position \_\_\_\_\_  
Employer Address \_\_\_\_\_

## EMERGENCY CONTACT (Other than immediate family)

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

## REFERRAL

How did you hear about us?

- Dentist  Family  Friend  Pediatrician  School Presentation  Website  Yellow Pages  Other  
 Whom may we thank for referring you \_\_\_\_\_

## CHILD'S PRIMARY DENTAL INSURANCE

Insurance Co \_\_\_\_\_  
Insurance Ph \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Policy ID# \_\_\_\_\_  
Policy/Group# \_\_\_\_\_

## CHILD'S SECONDARY DENTAL INSURANCE

Insurance Co \_\_\_\_\_  
Insurance Ph \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Policy ID# \_\_\_\_\_  
Policy/Group# \_\_\_\_\_



ASSOCIATES IN PEDIATRIC DENTAL CARE  
Infants • Children • Teens • Special Needs

Kay L. Wilson, DDS

Diplomate, American Board of Pediatric Dentistry | Fellow, American Academy of Pediatric Dentistry

1303 Packard Street | Suite 301 | Ann Arbor, MI 48104 | 734-662-1591 | [www.drkaywilson.com](http://www.drkaywilson.com)