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Bettendorf, Iowa 52722

Practice Limited to
Pediatric Dentistry

Child's Registration Date:

(563) 332-1321
Fax (563) 332-3905

Child's Name: _____ **Nickname:** _____

Child's Date of Birth: ____ / ____ / ____ **Age:** _____ **Male:** **Female:**

Child's school: _____ **Child's grade:** _____ **Hobbies:** _____

Child's address: _____ **City** _____ **State:** _____

Person Financially responsible for acct: _____

Parent's Marital status: (ie:single, married, partnered, divorced, separated) _____

With whom does child live:(ie: both parents, mom, dad, other) _____

Father's name: _____ **Father's phone number:** _____

Father's address(if different than child's) _____

Father's phone number: _____ **SS#:** _____ **DOB:** _____

Father's place of employment: _____ **wk#:** _____

Father's email: _____ **Whom may we thank for referring you:** _____

Mother's name: _____ **Mother's phone number:** _____

Mother's address:(if different than child's) _____

Mother's phone number: _____ **SS#:** _____ **DOB:** _____

Mother's place of employment: _____ **wk#:** _____

Mother's email: _____ **Other siblings:** _____

Dental insurance company name: _____

Address: _____ **Phone#** _____

Policy holders name: _____ **ID#:** _____

Secondary insurance company name: _____

Address: _____ **Phone#** _____

Secondary insurance policy holders name: _____ **ID#** _____

