



Today's Date: _____

Child 1 Information: M / F
Name: _____
Pref Name: _____
Birthdate: _____
Address same as parent/guardian? YES / NO
My child is covered under the Idaho Smiles Program YES / NO
MID#: _____

Child 2 Information: M / F
Name: _____
Pref Name: _____
Birthdate: _____
Address same as parent/guardian? YES / NO
My child is covered under the Idaho Smiles Program YES / NO
MID#: _____

Child 3 Information: M / F
Name: _____
Pref Name: _____
Birthdate: _____
Address same as parent/guardian? YES / NO
My child is covered under the Idaho Smiles Program YES / NO
MID#: _____

Child 4 Information: M / F
Name: _____
Pref Name: _____
Birthdate: _____
Address same as parent/guardian? YES / NO
My child is covered under the Idaho Smiles Program YES / NO
MID#: _____

Child 5 Information: M / F
Name: _____
Pref Name: _____
Birthdate: _____
Address same as parent/guardian? YES / NO
My child is covered under the Idaho Smiles Program YES / NO
MID#: _____

Mother's Information:
Name: _____
Curr Spouse: _____
Birthdate: _____
Cell Phone: _____
Email: _____
Address: _____
City: _____
State: _____ Zip: _____
SSN/DL#: _____
Dental Insurance Co: _____
Phone: _____ Group#: _____
Policy#: _____
Primary Policy? YES / NO

Father's Information:
Name: _____
Curr Spouse: _____
Birthdate: _____
Cell Phone: _____
Email: _____
Address: _____
City: _____
State: _____ Zip: _____
SSN/DL#: _____
Dental Insurance Co: _____
Phone: _____ Group#: _____
Policy#: _____
Primary Policy? YES / NO

How did you hear about us?

OFFICE USE:
Initials: _____ Date Entered: _____