

# TEEN REGISTRATION

## Cedar Hills Dental Center

10976 Cedar Lake Road  
Minnetonka, MN 55305  
(952) 544-2225

### About You

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ I prefer to be called \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Mother's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ SSN: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Father's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ SSN: \_\_\_\_\_  
Other family members/friends seen at our office? \_\_\_\_\_  
Who may we thank for referring you here? \_\_\_\_\_

### School Information

Where do you attend school? \_\_\_\_\_  
School Address: \_\_\_\_\_

City, State: \_\_\_\_\_ What grade/year? \_\_\_\_\_  
Hobbies: \_\_\_\_\_

### Primary Insurance Coverage

Dental Coverage:  Yes  No

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Group/Plan/Policy Number: \_\_\_\_\_

#### Policy Holder's Information

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Relation: \_\_\_\_\_  
Employer: \_\_\_\_\_ SS#/ID Number: \_\_\_\_\_

### Secondary Insurance Coverage

Dental Coverage:  Yes  No

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Group/Plan/Policy Number: \_\_\_\_\_

#### Policy Holder's Information

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Relation: \_\_\_\_\_  
Employer: \_\_\_\_\_ ID Number: \_\_\_\_\_

### Account

Who is responsible for your account? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### In Case of Emergency

Who should we contact? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_