



206 E. Main St.
Gardner, Kansas 66030

T: (913) 856-4465
F: (913) 273-0159

CONFIDENTIAL MEDICAL/DENTAL HISTORY
FOR PATIENTS UNDER 18 YEARS OF AGE

12260 State Line Rd.
Leawood, Kansas 66209

T: (913) 317-8811
lindgrenortho@earthlink.net

Patient's Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ Age: _____ Sex: Male Female Prefers to be Called: _____

Patient's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other Phone #: _____ Email: _____

Name of Dentist: _____ Date of Last Dental Visit: _____

Parents: Married Single Widowed Divorced/Child lives with _____

How did you hear about our office? _____ School Name: _____ Grade: _____

Other Family Members Treated at this Office: _____

Mother's Name: _____ Home Phone: _____

Address (if different from patient's): _____

Employer/Occupation: _____ Business Phone: _____

Father's Name: _____ Home Phone: _____

Address (if different from patient's): _____

Employer/Occupation: _____ Business Phone: _____

PERSON RESPONSIBLE FOR ACCOUNT: _____

PRIMARY INSURANCE INFORMATION

Name of Insured: _____

Date of Birth: _____

Social Sec. #: _____

Employer: _____

Work Phone: _____

Insurance Company: _____

Group #: _____

Address: _____

Phone # on Ins. Card: _____

SECONDARY INSURANCE INFORMATION

Name of Insured: _____

Date of Birth: _____

Social Sec. #: _____

Employer: _____

Work Phone: _____

Insurance Company: _____

Group #: _____

Address: _____

Phone # on Ins. Card: _____