



**Tina P. Moses, DMD, PC**  
**Pediatric Dentistry**

**Confidential Patient Information**

1240 Augusta West Pkwy  
 Augusta, Georgia 30909  
 Phone: 706.863.6262  
 Fax: 706.863.6465

**PATIENT INFORMATION** Please Print. Include Area Code.

Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**PARENT / RESPONSIBLE PARTY: PROVIDE COPY OF DRIVER LICENSE**

Person Responsible for Account \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

Whom May We Thank for Referring You? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**PRIMARY DENTAL INSURANCE INFORMATION: PROVIDE COPY OF INSURANCE CARD & DRIVER LICENSE.**

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Soc. Sec. \_\_\_\_\_ Driver's License \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group No. \_\_\_\_\_

Member ID \_\_\_\_\_ Subscriber ID \_\_\_\_\_

**Does parent or patient have any other group health or dental coverage?**  No  Yes

Insured \_\_\_\_\_ Birthdate \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Driver License \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group No. \_\_\_\_\_

Member ID \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Payment for services is due in full at the time of treatment unless prior arrangements have been made.  
 If this account should go to collections, you will be responsible for all collection fees and any attorney fees.

\_\_\_\_\_  
 Signature Date Relationship to Child