Pediatric Dental Specialists, P.C.

Joseph C. Creech Jr., DDS
Bradford J. Ball, DDS
Kimberly L. Sherrill, DDS
Charles E. Clark, DMD
Joseph C. Creech III, DMD

Patient Name: | Last | First | MI | Preferred Name |

Please provide current home and cell phone numbers and email address:

Have you had a change in address? Yes No If yes, please provide new address:

Parent Marital Status

☐ Married ☐ Single ☐ Divorced ☐ Other

Please list any dental insurance you will be using with your child:

Have there been any changes in the medical history OR severe illness? If yes, please explain:

Is your child allergic to any medications?

Please list any medications your child is currently taking and why:

Has there been any injury to the teeth, head or neck since the last visit?

Is there any condition/problem you wish to bring to the doctor's attention?

Signature/Relationship to patient:_____ Date:_____

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