



Northeast Location
 8606 Village Drive, Suite B
 San Antonio, TX 78217
 Phone: 210-654-6882

Schertz Location
 5000 Schertz Parkway, Suite 301
 Schertz, TX 78154
 Phone: 210-659-8000

Downtown Location
 315 N. San Saba, Suite 202
 San Antonio, TX 78207
 Phone: 210-223-3383

Northern Oaks Location
 4358 Thousand Oaks
 San Antonio, TX 78217
 Phone: 210-656-4300

Patient Information

Child's Name _____ Nickname _____
Last First MI
 Date of Birth _____ Age _____ Gender: Female Male Language Spoken _____
 Medicaid or Texas CHIP? Yes No ID# _____
 Home Address _____ City _____ State _____ Zip _____

Family Information

Who is Accompanying Your Child Today? _____ Relationship _____
 Do you have legal custody of this child? Yes No Is your child adopted? Yes No
 Child primarily lives with: Both Parents Mother Father Other _____
 Parent(s) /Guardian(s) are: Single Married Separated Divorced Widowed Partnership
 Other children seen by us? Yes No If yes, Names _____
 Nearest Relative not living with you _____ Phone Number _____

Parent / Guardian's Name

Birthdate _____ SSN _____ Driver's License _____ State: _____
Last First Relationship
 Email: _____
 Phone: Home _____ Work _____ Ext _____ Cell _____
 Address: (same as above)
 Street _____ City _____ State _____ Zip _____
 Employer: _____ Language Spoken _____

Parent / Guardian's Name

Birthdate _____ SSN _____ Driver's License _____ State: _____
Last First Relationship
 Email: _____
 Phone: Home _____ Work _____ Ext _____ Cell _____
 Address: (same as above)
 Street _____ City _____ State _____ Zip _____
 Employer: _____ Language Spoken _____

Consent

I give my consent for my child to have a dental check-up today along with a teeth cleaning, fluoride treatment, and any necessary x-rays. (Must be signed by a biological parent or legal guardian)

Signature _____ Relationship to patient _____ Date _____

Referral Information

How did you hear about our office? Internet Insurance Company School Work Sign
 Returning Patient of NECD Another patient, Friend _____ /Relative _____
 Pediatrician _____ Dental Office _____
 Transferred from another location _____ Other _____