

MICHAEL E. FITTERLING, D.D.S.

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Your Teeth....Your Health....Our Commitment!

Our dental team welcomes you and your child to our office. We look forward to helping your child develop a positive dental health program which will benefit them the rest of their lives. Healthy smiles are beautiful smiles.

PATIENT INFORMATION

Date _____

Child's Name _____

Prefers to be called _____

Address _____

City _____ State _____ Zip _____

SS# _____ Date of Birth _____

Home Phone# _____

Male Female

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Parent's Marital Status: Married Single Separated Divorced Widowed

Patient lives with: Mother Father Both Other _____

DENTAL INSURANCE

Insured's Name _____

Relationship _____

Insured's Date of Birth _____

Insured's SS # _____

Insured's Employer _____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE?

Name _____ Relationship _____