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Child's Information

First Name: _____ Last Name: _____ Middle Initial _____
Does your child have a preferred name? _____
Male: _____ Female: _____ Birth Date: _____ Age: _____
Soc. Security # _____

Parents or Legal Guardian Information

First Name: _____ Last Name: _____
Address: _____
City, State, Zip _____
Birth Date: _____ (M/D/YY) Soc. Security # _____

Phone Numbers where you can be reached to confirm your child's appointment
Home: _____ Work: _____ Cell: _____
Emergency Contact: _____ Emergency Phone _____

Insurance Information

Primary Insurance:

Name of Insured: _____ Birth Date: _____
Soc. Security #: _____ ID# _____
Insurance Company: _____
Employer of insured: _____

Secondary Insurance:

Name of Insured: _____ Birth Date: _____
Soc. Security #: _____ ID# _____
Insurance Company: _____
Employer of insured: _____

Please fill out front and back