



**Chestnut Ridge
Pediatric Dental**

Eli M. Rachlin, DDS

NJ Specialty Permit # 5229

595 Chestnut Ridge Road, Suite #5

Woodcliff Lake, NJ 07677

Tel: (201) 391-4441 Fax: (201)391-3303

REGISTRATION FORM

About Your Child

Date _____

Child's Name _____ Preferred Name _____

Date of Birth _____ Male Female

Home Address _____ Home Phone# _____

City _____ State _____ Zip Code _____

Pets, Hobbies, Interests _____

How did you hear about our office? _____

Parent or Guardian Information Mother Stepmother Guardian

Name _____ DOB _____

Occupation _____ Employer _____ Work Phone # _____

SS# _____ Cell Phone # _____ Home Phone# _____

Marital Status _____ Email _____

Home Address _____

Parent or Guardian Information Father Stepfather Guardian

Name _____ DOB _____

Occupation _____ Employer _____ Work Phone # _____

SS# _____ Cell# _____ Home Phone# _____

Marital Status _____ Email _____

Home Address _____

Primary Dental Insurance Information *(note: if you are unsure about this, please ask us)*

Subscriber's Name _____ Soc. Security# _____ Relationship to child _____

Subscriber's DOB _____ Insurance Company Name _____

Group # _____ Insurance Co. Phone # _____

Authorization and Release

As the parent or legal guardian of the above-named patient, I hereby give my consent for Dr. Eli Rachlin to perform dental service and treatment (s) on the child named, including any necessary radiographs.

I am responsible for payment in full at the time of service, unless prior arrangements have been approved. To facilitate the filing of my dental insurance claims, I hereby authorize the release of confidential information to my dental insurance agency. I hereby authorize payment of insurance benefits directly to Chestnut Ridge Pediatric Dental. In the event of payment default for services previously rendered, I agree to pay all collection and/or legal fees incurred in an attempt to collect on this amount.

Signature of parent or legal guardian _____

Date _____

(Please print name) _____