



Eli M. Rachlin, DDS  
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**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)** \_\_\_\_\_