



**Molar Magic**  
General Dentistry and Orthodontic  
for Kids and Young Adults

## Family Information *(please print)*

Parent/Guardian Last Name	MI	Parent/Guardian First Name	Email Address
Cell Phone Number	Home Phone Number		Work Phone Number
Street Address	City		State Zip
Name of Nearest Relative (not living with you)	Relative Phone #	# of Children in Family	

Please list ALL children in your immediate family *(please print)*.

	Patient's Last Name	M.I.	Patient's First Name	Patient's DOB	Patient's Insurance and Insurance #
1.				/ /	
2.				/ /	
3.				/ /	
4.				/ /	
5.				/ /	
6.				/ /	
7.				/ /	
8.				/ /	
9.				/ /	
10.				/ /	
11.				/ /	