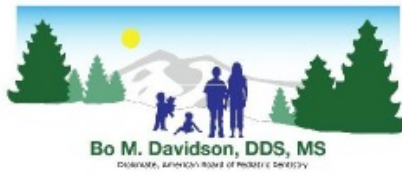


Hawks Prairie Pediatric Dentistry
130 Marvin Road SE Suite 111
Lacey, Wa 98503
Phone (360)489-1406 Fax (360)491-1270



West Olympia Kids Dentistry
405 Cooper Point Road Suite 104
Olympia, Wa 98502
Phone (360) 688-7909 Fax (360) 352-2684

Patient First Name:

Last Name:

Birthdate

Dental Insurance

Primary Policy Holder's full name: _____ Relationship to patient: Self Spouse
 Child Dependent

Policy Holder SSN: _____ Date of birth: _____

Employer: _____ Address: _____

Insurance Company: _____ Group #: _____ ID#: _____

Second Policy Holder's full name: _____ Relationship to patient: Self Spouse
 Child Dependent

Policy Holder SSN: _____ Date of birth: _____

Employer: _____ Address: _____

Insurance Company: _____ Group #: _____ ID#: _____

I authorize release of any information regarding my child's dental treatment to my dental insurance company

Parent/Guardian Signature:

Date: