

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 Information

Date: _____

Child's last name: _____ First name: _____ Middle Initial: _____

Preferred name: _____ Date of Birth: _____

Sex: Male Female Social Security #: _____

Home Address: _____ City: _____ State: __ Zip Code: _____

Home phone: _____ Cell Phone: _____ Work phone: _____

E-mail address: _____

Whom were you referred to our office by? _____

If not referred, how did you hear about us? _____

Parent/Guardian Information

Mother Stepmother Grandparent(s) Other Guardian

Name: _____

SSN: _____ Birthdate: _____ Email address: _____

Address (If different than patient address): _____

Home Phone (if different): _____ Cell Phone: _____ Work Phone: _____

Occupation: _____

Employer: _____

Father Stepfather Grandparent(s) Other Guardian

Name: _____

SSN: _____ Birthdate: _____ Email address: _____

Address (If different than patient address): _____

Home Phone (if different): _____ Cell Phone: _____ Work Phone: _____

Occupation: _____

Employer: _____

Emergency contact not living with child: _____

Phone: (____) _____

Preferred contact method: Home Phone Wireless Phone Work Phone Email

Preferred contact method for confirmations: Home Phone Wireless Phone Work Phone Email

Preferred contact method for recalls: Home Phone Wireless Phone Work Phone Email