



**CHRISTIAN MANLEY
ORTHODONTICS
425.392.7533**

710 NW Juniper Street, Suite 202
Issaquah, Washington 98027

22731 SE 29th Street
Sammamish, Washington 98075
www.cpmortho.com

CHILD PATIENT INFORMATION

FIRST	MIDDLE	LAST	NICKNAME	SEX	BIRTHDATE	AGE
Mailing address		City	State	Zip	years@ address	Home Phone
School	Grade		Email address			
Who may we thank for referring you to our office			Secondary referral source			
Name of Dentist		Phone number		Date of Last visit		

Related patients that are or have been under our care	Name and ages of other children in household
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

PARENT INFORMATION

FATHERS NAME _____	MOTHERS NAME _____
Address (if different than patient) _____	Address (if different than patient) _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____ Email _____	Cell Phone _____ Email _____
Employer _____	Employer _____
Occupation _____ How long _____	Occupation _____ How long _____

ORTHODONTIC INSURANCE INFORMATION

Primary Insured's Name _____ B'date _____	2 nd Insured's Name _____ B'date _____
ID/SS# _____ Group # _____	ID/SS# _____ Group# _____
Insurance Company Name _____	Insurance Company Name _____
Address _____ Phone _____	Address _____ Phone _____
If Divorced is involved, who is custodial Parent _____ Can Patient info be released to noncustodial Parent? Yes () No ()	
Responsible Party Signature: _____	Date: _____