

ALCAN FAMILY DENTAL  
2819 DAWSON STREET  
ANCHORAGE, AK 99503

CHILD'S NAME \_\_\_\_\_ Preferred Name \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female. Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Stepmother  Guardian  Foster

Father's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Stepfather  Guardian  Foster

*With whom does this child reside?* \_\_\_\_\_

**IN CASE OF EMERGENCY, WHOM MAY WE CONTACT?**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*Whom may we thank for referring you?* \_\_\_\_\_

**MEDIA RELEASE OF LIABILITY**

I  do or  do not, hereby grant permission to Alcan Family Dental to use my photograph(s) and/or videos. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken or submitted. Publications may be used for continued education, lecturing as well as in office and online via social media.

**PRIMARY DENTAL INSURANCE**

Subscriber \_\_\_\_\_

Employer \_\_\_\_\_

Insurance ID# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Employee's S.S. No. \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Phone No. \_\_\_\_\_

**SECONDARY DENTAL INSURANCE**

Subscriber \_\_\_\_\_

Employer \_\_\_\_\_

Insurance ID# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Employee's S.S. No. \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Phone No. \_\_\_\_\_

*Please see other side*

