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CHILD'S REGISTRATION

Today's Date _____

Child's name _____ Nickname _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

School _____ Child's favorite sport, toy, hobby, person _____

Father's name _____ Social security# _____

Home phone _____ Cell phone _____ Employer _____

Mother's name _____ Social security# _____

Home phone _____ Cell phone _____ Employer _____

Dental insurance company _____ Phone # _____

Insured's name _____

Secondary insurance company _____ Phone # _____

Insured's name _____

CHILD'S DENTAL HISTORY

What is the reason for your visit today? _____

Date of the last visit to a dentist _____ Services performed _____

Has your child complained of any dental problems? _____

Any oral habits?	Thumb sucking	Nail biting
	Mouth breathing	Pacifier
	Teeth grinding	Nursing bottle

Any unusual speech habits? _____

Have braces ever been worn? _____

Do you assist your child with brushing? _____ flossing? _____ How often? _____

Are there any special concerns about your child's dental health? _____

Summary (for doctor's use) _____

Child's diet _____

Child's behavior _____

Creating healthy beautiful smiles in a family environment