

**Texas Kids Dental Care**

9411 Alameda Rd • Ste P

El Paso, TX 79907

(915) 858-6868

HART #

FOR OFFICE USE ONLY

**Patient Information**

Please take a moment to enter or update your information to help us ensure the quality of your care is excellent.

Patient Name:

Last First MI Preferred Name

Title:  Gender: ☐ Male ☐ Female Family Status: ☐ Married ☐ Single ☐ Child ☐ Other

Mr./Ms./Mrs./etc.

Birth Date:  Prev. Visit:  Email Address:

Phone:     Best time to call:

Home Work Ext Mobile

Address:  Social Security #:

City State Zip Code

**Preferred Appointment Times:**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ Morning ☐ Afternoon ☐ Evening ☐ Any time

Whom may we thank for referring you to our practice?

☐ Dental Office ☐ Yellow Pages ☐ Internet ☐ Newspaper

☐ School ☐ Work ☐ Other (name below)

Name of person, office, or other source referring you to our practice:

**Parent Information**The following is for: ☐ the patient's spouse ☐ the person responsible for payment ☐ neither-not applicable

Parent Name:

Last First MI Preferred Name

Title:  Gender: ☐ Male ☐ Female Family Status: ☐ Married ☐ Single ☐ Child ☐ Other

Mr./Ms./Mrs./etc.

Birth Date:  Email Address:

Phone:     Best time to call:

Home Work Ext Mobile

Address:  Social Security #:

City State Zip Code

**Employment Information**The following is for: ☐ the patient ☐ the person responsible for payment

Employer Name:  Phone:

Address:

City State Zip Code