DAVID L. ROTHMAN, DDS
PEDIATRIC DENTISTRY

PATIENT UPDATE FORM

Help us keep your child's records up to date. Please complete, print out, and sign.

PATIENT UPDATE
ALL AGES

1/1 PAGES

Child's Name:

Current Address:

City State Zip

Parent's Email:

Home Phone: Cell Phone:

Parent's Employer

Address:

City State Zip

Any changes in billing or insurance information (insurer and member ID)?

Any changes in medical history?

Serious illness or hospitaliztion:

New allergies to drugs or medications?

Any injuries to teeeth, head or neck?

Any other problems that should be brought to Dr. Rothman's attention?

Comments:

I hereby authorize consent for dental oral examination and diagnosis, dental radiographs (x-rays if needed), dental prophylaxis (cleaning) and topical fluoride treatment to be performed on my child.

2301 Ocean Avenue
San Francisco CA 94127

415.333.6811
info@davidlrothmandds.com

SIGNATURE (PARENT OR GUARDIAN) DATE