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CHILD'S REGISTRATION

CHILD'S NAME _____ MALE _____ FEMALE _____

BIRTHDATE _____ SS# _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

PHYSICAL ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

FATHER'S NAME _____ BIRTHDATE _____

FATHER'S ADDRESS (IF DIFFERENT FROM CHILDS) _____

EMPLOYED BY _____ BUS. PHONE _____

PRESENT POSITION _____ HOW LONG? _____

MOTHER'S NAME _____ BIRTHDATE _____

MOTHER'S ADDRESS (IF DIFFERENT FROM CHILDS) _____

EMPLOYED BY _____ BUS. PHONE _____

PRESENT POSITION _____ HOW LONG? _____

DO YOU HAVE ANY DENTAL INSURANCE? _____ WHAT COMPANY? _____

WHO WILL BE RESPONSIBLE FOR THIS ACCOUNT? _____

WHO CAN WE THANK FOR REFERRING YOU? _____

SIGNATURE _____ DATE _____

(PARENT OR GUARDIAN)