



CORLEY FAMILY DENTAL

MODERN • COMPASSIONATE • EXCELLENCE

Dr. Natalie A. Corley & Dr. Chad A. Corley

217-330-6217 www.corleyfamilydental.com

Thank you for choosing **Corley Family Dental** to care for your oral health. We want you to feel **relaxed, comfortable, and well informed** during your visit. Our goal is to educate you on your oral health and promote overall wellness through healthy eating habits and preventative oral hygiene. We understand visits can be overwhelming and encourage you to call with any questions you may have regarding treatment. **Sincerely,** Drs. Natalie Corley & Chad Corley & Team

Your Child

Child's Name _____
Nickname _____ Gender M / F
Birthdate _____ Age _____
SSN _____
Child's Home Address _____
City/State _____ Zip _____
Phone _____

Responsible Party (person signing forms)

Name _____
Relationship _____
Address _____
City/State _____ Zip _____
Phone _____
E-mail _____
SSN _____

Full-time college student? Y / N IF yes, School _____ City/Sate _____

Who is responsible for making appointments?

Name _____ Home # _____ Cell# _____ Work# _____ Ext. _____
E-Mail _____ Preferred contact method _____

Mother Stepmother Guardian

Name _____
Home Phone _____ Cell# _____
Work Phone _____ Ext _____
Employer _____
SSN _____
Marital Status Single Married Divorced
 Widowed Separated

Father Stepfather Guardian

Name _____
Home Phone _____ Cell# _____
Work Phone _____ Ext _____
Employer _____
SSN _____
Marital Status Single Married Divorced
 Widowed Separated

Primary Insurance

Effective Date ____/____/____
Insured's Name _____
Relationship _____
Birthdate _____ SSN _____
Employer _____
Insurance Co. _____
Member ID# _____
Group # _____
Ins. Co. Address _____
City/State _____ Zip _____
Phone _____

Additional Insurance

Effective Date ____/____/____
Insured's Name _____
Relationship _____
Birthdate _____ SSN _____
Employer _____
Insurance Co. _____
Member ID# _____
Group # _____
Ins. Co. Address _____
City/State _____ Zip _____
Phone _____