



**CHRISTIAN P. MANLEY**  
**D.D.S., M.S., P.S.**  
**ORTHODONTICS**

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710 Northwest Juniper Street, Suite 202  
 Issaquah, Washington 98027  
 425.392.7533

22731 Southeast 29<sup>th</sup> Street  
 Sammamish, Washington 98075

**CHILD PATIENT INFORMATION**

LAST NAME	FIRST NAME	NICKNAME	SEX	BIRTHDATE	AGE
Mailing address		City	State	Zip	Home Phone
School	Grade	Email address			
Who may we thank for referring you to our office					
Name of Dentist		Phone number	Date of Last visit		

Related patients that are or have been under our care	Name and ages of other children in household
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

**PARENT INFORMATION**

FATHERS NAME _____	MOTHERS NAME _____
Address (if different than patient) _____	Address (if different than patient) _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____ Email _____	Cell Phone _____ Email _____
Employer _____	Employer _____
Occupation _____ How long _____	Occupation _____ How long _____

**ORTHODONTIC INSURANCE INFORMATION**

Primary Insured's Name _____ B'date _____	2 <sup>nd</sup> Insured's Name _____ B'date _____
ID/SS# _____ Group # _____	ID/SS# _____ Group# _____
Insurance Company Name _____	Insurance Company Name _____
Address _____ Phone _____	Address _____ Phone _____
If Divorced is involved, who is custodial Parent _____ Can Patient info be released to noncustodial Parent? Yes ( ) No ( )	
Responsible Party Signature: _____	Date: _____