



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

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Issaquah, Washington 98027
425.392.7533

22731 Southeast 29th Street
Sammamish, Washington 98075

PATIENT INFORMATION

LAST NAME	FIRST NAME	NICKNAME	SEX	SS#	BIRTHDATE	AGE
Mailing address		City	State	Zip	Home Phone	
School (if student) _____ Grade _____		Employer/occupation _____		Bus. Phone _____		
Single _____ Married _____ Separated _____		Divorced Widow(er) _____				
Email address _____			Cell Phone _____		Fax _____	
Spouse Name (if adult) _____			SS# _____			
Spouse Employer/Occupation _____			Business Phone _____			
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 (please complete if patient is minor)

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 _____	
Employer _____			Employer _____		
Occupation _____		How long _____		Occupation _____	
How long _____					

ORTHODONTIC INSURANCE INFORMATION

Primary Insured's Name _____		B' date _____		2 nd 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: _____			