



Candace Culpepper Light, DDS
3318 Longmire Drive College Station, TX 77845
Office: (979) 694-8877 Fax: (979) 694-1908

Patient name: _____ Preferred name: _____ Date: _____

Birthday: _____ Age: _____ School: _____

Home address: _____

Email address: _____ Home phone: _____

Please circle all methods you would prefer us to use to confirm future appointments? Call Email Text

Father's Information

Mother's Information

Guardian Step

Guardian Step

Name: _____

Name: _____

DOB: _____

DOB: _____

Social Security #: _____

Social Security #: _____

Driver license #: _____

Driver license #: _____

Employer: _____

Employer: _____

Home phone #: _____

Home phone #: _____

Cell phone #: _____

Cell phone #: _____

Work phone #: _____

Work phone #: _____

Please list any caretakers/other family members that may accompany your child to an appointment and have access to your child's medical and dental information:

Referral Information

Whom may we thank you for referring you to our practice?

Another patient _____

Pediatrician _____

Dental Office _____

Other _____

Financial Responsibility – Please Read Thoroughly

This information is accurate and true to the best of my knowledge. I understand that the person who accompanies the child is responsible to pay for services rendered at the time of treatment. I further understand I am ultimately responsible for any remaining account balance after insurance pays their portion (if applicable).

Failure to provide a 24-hour cancellation notice for your appointment will result in a \$25 cancellation fee.

Signature of Responsible Party

Date