



Dependent Information

Patient Name: _____ DOB: _____
 First Last Preferred

Responsible Party Information

Responsible Party Name: _____ DOB: _____
 First Last

Social Security #: _____ - _____ - _____ Driver's License #: _____

E-Mail: _____

Address: _____
 Street Apt# City State Zip Code

Phone #: Home (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____

Divorce or Custody Case Policy

- The parent or guardian who brings the patient into our office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has the insurance.

Responsible Party's Signature

Date