

**PARENT/ GUARDIAN OR RESPONSIBLE PARTY INFORMATION
FOR PATIENTS UNDER 18 YEARS OF AGE**

PATIENTS NAME: _____

PATIENTS DATE OF BIRTH: _____ **SS#** _____

RESPONSIBLE FOR TODAY'S VISIT: _____

FATHERS NAME: _____ **SS#:** _____

DATE OF BIRTH: _____ **FATHERS SS#:** _____

ADDRESS (IF DIFFERENT THAN THE PATIENT): _____

MOTHERS NAME: _____ **SS#:** _____

DATE OF BIRTH: _____ **MOTHERS SS#:** _____

ADDRESS (IF DIFFERENT THAN THE PATIENT): _____

PARENT/ GUARDIAN OR RESPONSIBLE PARTY SIGNATURE:

DATE: _____