

Demographics

Patient (Last, First, M.I.)	Sex: M _____ F _____ Date of Birth: _____
address: _____ Apt: _____ City: _____ St: _____ Zip: _____	
Mobile Phone: _____	Email: _____
Preferred Pharmacy (Name, Address, Pharmacy phone number)	
We will provide you with a Superbill for filing your insurance. The superbill needs to be addressed to the guarantor. check the box if you are the guarantor	
Father Guarantor <input type="checkbox"/>	Mother Guarantor <input type="checkbox"/>
Father's name	Mother's name
Father's address:	Mother's address:
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Home Phone: ()	Home Phone: ()
Work Phone: ()	Work Phone: ()
Mobile Phone: ()	Mobile Phone: ()
Father's email:	Mother's email:
By signing below, you give Georgetown Kids permission for treatment of the above patient.	

Signature	Date: