



## Patient Registration

Child Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Child Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Child Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Child Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Child Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Child Name \_\_\_\_\_ DOB \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ SSN \_\_\_\_\_

<b>Method of Contact</b> Check the box that is best	<b>Mail</b>	<b>Home Phone</b>	<b>Work phone</b>	<b>Cell Phone</b>	<b>Text Cell</b>	<b>Email</b>	<b>Detailed Msg Y/N</b>
Recalls (Test Results)							
General Contact							
Portal Access							
Appt Reminders							

**Parent/Guardian Name** \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ SSN \_\_\_\_\_

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 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
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