Please complete the below for patients who are minors or have a Power of Attorney.

PARENT(S)/GUARDIAN(S)

Name:	Name:
Address:	Address:
Relationship:	Relationship:
Birth date: / / Gender: ☐ M ☐ F	Birth date: / / Gender: ☐ M ☐ F
Home Ph: ____________ Cell Ph: ____________ Work Ph: ____________	Home Ph: ____________ Cell Ph: ____________ Work Ph: ____________
Social Security #: - -	Social Security #: - -
Employer Name:	Employer Name:
Employer Address:	Employer Address:

POWER OF ATTORNEY (PLEASE GIVE DOCUMENTATION TO RECEPTIONIST)

Name:	Relationship:	
Address:		
Home Ph:	Cell Ph:	Work Ph:

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