



# Children's Orthopedic Specialists

THE ONLY PRACTICE DEDICATED TO PEDIATRIC ORTHOPEDICS  
IN SOUTHERN ARIZONA

## PATIENT INFORMATION

Please read carefully and fill out form completely

PATIENT NAME (LAST)	(FIRST)	(MI)	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NICKNAME	SOCIAL SECURITY NUMBER	SCHOOL NAME		GRADE
HOME/MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE (     )
PEDIATRICIAN/FAMILY PHYSICIAN NAME				PHONE NUMBER (     )

### PARENT INFORMATION/RESPONSIBLE PARTY (OR INSURANCE POLICY HOLDER)

FATHER    STEPFATHER    MOTHER    STEPMOTHER    GUARDIAN    FOSTER PARENT    SIBLING    GRANDPARENT

NAME (LAST)	(FIRST)	(MI)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME/MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE (     )
OCCUPATION	EMPLOYER	DRIVER LICENSE NUMBER		CELL PHONE (     )
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	WORK PHONE (     )
INSURANCE COMPANY NAME	MEMBER I.D. NUMBER	GROUP NUMBER	CO-PAY	DEDUCTIBLE
CLAIMS ADDRESS	CITY	STATE	ZIP CODE	INSURANCE PHONE (     )

ARE YOU USING "OUT OF NETWORK" BENEFITS?    YES    NO

### OTHER PARENT / RESPONSIBLE PARTY / SECONDARY INSURANCE POLICY

FATHER    STEPFATHER    MOTHER    STEPMOTHER    GUARDIAN    FOSTER PARENT    SIBLING    GRANDPARENT

NAME (LAST)	(FIRST)	(MI)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME/MAILING ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE (     )
OCCUPATION	EMPLOYER	DRIVER LICENSE NUMBER		CELL PHONE (     )
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	WORK PHONE (     )
INSURANCE COMPANY NAME	MEMBER I.D. NUMBER	GROUP NUMBER	CO-PAY	DEDUCTIBLE
CLAIMS ADDRESS	CITY	STATE	ZIP CODE	INSURANCE PHONE (     )

I understand that I have the option to request a copy of the "Notice of Privacy Practices"

There will be a \$25 charge for "no-show" appointments if there is not a courtesy phone call to our office at least 24 hours in advance of the appointment time to change or cancel the appointment. This will not be billed to your insurance company as it is not a medical bill, it is the cost of doing business. Our doctors see only one patient at a time, and their schedules are valuable.

Signature (Parent or Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

1605 East River Rd., Suite 101 • Tucson, AZ 85718 • P: 520.296.KIDS (5437) • F: 520.296.9683

[www.orthoforkids.com](http://www.orthoforkids.com)