

Responsible Party Information Form

Minor Child _____ Date of Birth _____

Father's Information

Full Name _____

Address (if different from minor child) _____

Home Phone _____ Date of Birth __/__/__ SS# _____

Employer _____

Address _____

Work Phone _____ Ext _____

Mothers Information

Full Name _____

Address (if different from the minor child) _____

Home Phone _____ Date of Birth __/__/__ SS# _____

Employer _____

Address _____

Work Phone _____ Ext _____

Legal Guardian Information (if applicable) Relationship to Patient _____

Full Name _____

Address _____

Home Phone _____ Date of birth __/__/__ SS# _____

Employer _____

Address _____

Work Phone _____ Ext _____

NOTICE OF FINANCIAL RESPONSIBILITY:

I understand that I am financially responsible for any and all services rendered on behalf of this minor child.

Print Name of Responsible Party

Date

Signature of Responsible Party

Relationship to Minor