

PGV PEDIATRICS, P.A.
3417 GASTON AVENUE, SUITE 845
DALLAS, TX 75246
PHONE: (214)823-2552
FAX: (214)823-2551

Please complete this page and bring it to your appointment.

PATIENT INFORMATION

LAST NAME: _____ **FIRST NAME:** _____ **INITIAL:** _____
SEX: _____ DOB: _____ SS# _____
HOME PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____

FATHER'S NAME: _____ DOB: _____
HOME PHONE: _____ CELL PHONE: _____
ADDRESS (if different from above): _____ CITY: _____
STATE: _____ ZIP: _____ SS#: _____
FATHER'S EMPLOYER: _____
WORK PHONE: _____

MOTHER'S NAME: _____ DOB: _____
HOME PHONE: _____ CELL PHONE: _____
ADDRESS (if different from above): _____ CITY: _____
STATE: _____ ZIP: _____ SS#: _____
MOTHER'S EMPLOYER: _____
WORK PHONE: _____

LEGAL GUARDIAN: (if different from above): _____
PHONE: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT (other than parent): _____ PHONE: _____

INSURANCE CO: _____ **INSURED:** _____
ID#: _____ **GROUP#:** _____

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I authorize PGV Pediatrics, P.A. to disclose/provide information at any of the phone numbers listed below. I understand it is my responsibility to notify PGV Pediatrics, P.A. of any change in these numbers. By signing below, I understand PGV Pediatrics, P.A. is authorized to leave a message if I cannot be reached directly.

I authorize PGV Pediatrics, P.A. to disclose the following protected information to the numbers indicated below: lab results, test results, appointment reminders, procedures and other health care services.

List in order of priority, which number we can contact you and/or leave a message.

PREFERRED CONTACT: () MOM HOME WORK CELL (circle which is appropriate)
 () DAD HOME WORK CELL (circle which is appropriate)

SIGNATURE: _____

DATE: _____

**PLEASE BRING YOUR INSURANCE CARD OR A COPY OF
INSURANCE INFORMATION TO EACH APPOINTMENT**

CONFIDENTIAL: This message is intended only for the use of the individual or entity to which it has addressed. This message contains information from PGV Pediatrics, P.A., which may be privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient; you are hereby notified that dissemination, distribution or copy of this communication is strictly prohibited.

If you received this communication in error, please notify us immediately at 214-823-2552.