Lentz Pediatrics

10777 Hwy 412 W 19 Security Drive

Lexington, TN 38351 Jackson, TN 38305

In order to serve you better, we are requesting the following information to be filled out to put in the patient's chart.

PARENT/GUARDIAN RELATIONSHIP

Patient Name:_____ DOB:_____

Address: _____

Street City State Zip

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Legal Guardian's Name: _____ Phone Number: _____

Parents are:

- ◯ Single
- ◯ Married
- ◯ Separated
- ◯ Divorced
- ◯ Other

If Single, Separated or Divorced, does non-custodial parent have the right to bring the child to the doctor? (please circle)

YES NO

Custodial Parent(s): _____

Name of Custodial Parent(s) or Legal Guardian(s) Date

_____

Signature of Custodial Parent(s) or Legal Guardian(s) Date

Please provide us with a copy of your Custodial Rights within the next ten (10) days. If you do not provide this information within the time specified, Lentz Pediatrics is relinquished from all liability.

It is the Parent's/Guardian's responsibility to let us know if any of the above information changes.