Orthopaedic Surgery Specialists, Ltd.
Pediatric Registration

X-Ray # _____

Date _____ Date of Injury _____

Patient's Height _____ Patient's Weight _____

Result of Accident: Yes No Type of Accident: Auto ☐ Home ☐ School ☐ Other ☐

Patient Information

Last name _____ First name _____ Middle-I. _____

Sex: Male Female Date of Birth ___/___/___ Age _____ Social Security # _____

Home Address:

_____ Home Phone # ( ) _____
Address

_____
City

_____
State Zip Code

Mother's name _____ Work/Alternate Phone # ( ) _____

Father's name _____ Work/Alternate Phone # ( ) _____

Responsible Party (Insurance Carrier)

Last name _____ First name _____ Middle-I. _____

Date of Birth _____ Social Security # _____

Home Phone # ( ) _____ Work/Alternate # ( ) _____

Home Address: Employer Name _____

_____ _____
Address Address

_____ _____
City City

_____ _____
State Zip Code State Zip Code

Relationship to patient: Mother ☐ Father ☐ Other ☐ _____

Over Please

Primary Insurance

Insurance Company _____

Subscriber Name _____

Subscriber Date of Birth _____

Subscriber Social Security # _____

I.D. # _____

Group #/Name _____

Secondary Insurance

Insurance Company _____

Subscriber Name _____

Subscriber Date of Birth _____

Subscriber Social Security # _____

I.D. # _____

Group #/Name _____

Emergency Contact

Nearest friend or relative not living with you _____ **Phone # ( )** _____

Who referred you to our office? (Your Progress Notes will automatically be mailed to the referring physician)

☐ **Relative** _____
Name

☐ **Friend** _____
Name

☐ **Physician** _____
First Last

_____
Address Suite

_____
City State Zip

Phone # ( ) _____

☐ **Other** _____

Authorization

Benefits to Orthopaedic Surgery Specialists, Ltd.

I hereby authorize payments directly to Orthopaedic Surgery Specialists, Ltd. for the surgical and/or medical benefits. I also understand that I am responsible for any portion of my bill not covered by my insurance company, including Medicare.

Signature of Patient/Guarantor _____ **Date** _____

REORDER # 0400031