



MODESTO PEDIATRICS (2019)

3109 Coffee Road, Suite A – Modesto, CA 95355 – Phone (209) 522-0001 – Fax (209) 549-7077

PRIMARY PHYSICIAN: *(Circle One)* **Dena Lenser, M.D.** **Ann Marie Truscello, M.D.**

PATIENT INFORMATION:

Last Name: _____ First Name: _____ Date of Birth: _____ Sex: _____

Last Name: _____ First Name: _____ Date of Birth: _____ Sex: _____

Last Name: _____ First Name: _____ Date of Birth: _____ Sex: _____

Last Name: _____ First Name: _____ Date of Birth: _____ Sex: _____

Last Name: _____ First Name: _____ Date of Birth: _____ Sex: _____

IF DIVORCED/SEPARATED – CHILD RESIDES WITH: _____

IF DIVORCED/SEPARATED – MAIL STATEMENTS TO: _____

PARENT/GUARDIAN INFORMATION *(Please list both parties if applicable):*

Last Name: _____ First Name: _____ Date of Birth: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SS#: _____ Driver's Lic./State Issued: _____ Employer: _____

e-mail Address: _____

Last Name: _____ First Name: _____ Date of Birth: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SS#: _____ Driver's Lic./State Issued: _____ Employer: _____

e-mail Address: _____

INSURANCE INFORMATION:

Primary Insurance Company: _____ ID#: _____ Subscriber's Name: _____

Secondary Insurance Company: _____ ID#: _____ Subscriber's Name: _____

Are you SEEKING or PENDING Medi-Cal/Medicaid? *(Check one)* **YES** **NO**

EMERGENCY CONTACT *(Other than Parent):*

Name: _____ Relationship: _____

Home Phone: _____ Alternative Phone: _____

I do hereby authorize and consent to all medical treatment deemed necessary to treat the aforementioned patient. In addition, I authorize release of medical records and payment benefits for services rendered by the physician.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

DATE: _____ **PARENT/GUARDIAN INITIALS INDICATE NO CHANGE TO ABOVE INFORMATION** _____

DATE: _____ **PARENT/GUARDIAN INITIALS INDICATE NO CHANGE TO ABOVE INFORMATION** _____