

WELCOME TO THE OFFICE OF DR. FRED BRECHEEN

TODAY'S DATE _____

Child's information:

Nickname? _____

Last First Birthdate Age Grade

Mailing Address City State Zip

Residence Phone Name and location of school

Parents' Information:

Father's last name First name Mother's last name First name

Mailing address (if different from above)

Father's office number Cell Mother's office number Cell

Father's occupation Mother's occupation

Father's email address Mother's email address

Vision Insurance Member (VIM) VIM Date of Birth VIM Last 4 of SS# Name of Vision Insurance

Referred by Address and/or phone number if known
We will be happy to make copies of business cards.

Medications including mg: Condition taken for:

I authorize the release of any medical or other information necessary to process any claims arising from the services and materials provided. I also request payment of private insurance benefits to the physician accepting assignment for services and materials provided. I also understand that I assume all financial responsibility for this account for any amounts due, regardless of insurance coverage. I have read and/or have been provided a copy of Notice of Privacy Practices.

Signature Date