

Pediatric Associates of West Tennessee, PLLC
1501 Brayton Avenue
Dyersburg, Tennessee 38024

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

PARENT RELATIONSHIP

Today's Date: _____ Phone number: _____

Patient Name: _____ DOB: _____

Address: _____
Street City State Zip

Father's Name: _____

Mother's Name: _____

Parents are:

- | | | | | |
|---------------------------------|---|-----|----|-----|
| <input type="radio"/> Single | If Single, Separated or Divorced,
does non-custodial parent have
the right to bring the child to the
doctor? | | | |
| <input type="radio"/> Married | | | | |
| <input type="radio"/> Separated | | | | |
| <input type="radio"/> Divorced | | | | |
| <input type="radio"/> Other | | YES | NO | N/A |

Custodial Parent(s): _____
Name of Custodial Parent(s)

Signature of Custodial Parent(s)

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, Pediatric Associates of West Tennessee, PLLC is relinquished from all liability.

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