

**Auerbach Pediatrics, LLC
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Marina Arena, MD**

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(203) 426-5437
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How did you hear about us?

Date:

General Information

Patient Name Male Female
Date of Birth
Address
City, State, Zip

Responsible Party (Parent)

Name Relationship
Date of Birth Home Phone
Address Work Phone
If Different Cell Phone

I authorize release of any information concerning my child's healthcare and treatment provided for the purpose of administering claims for insurance benefits. I also authorize payment of benefits directly to Auerbach Pediatrics.

Signature and Date: _____

Emergency Contact (other Parent)

Name Relationship
Date of Birth Home Phone
Address Work Phone
If Different Cell Phone

In the event of a medical emergency, treatment is approved in my absence.

Signature and Date: _____

E-mail (optional; for appointments)