KIDDIEHEALTH PEDIATRICS
Dr. Melanie M. Garcia, MD, FAAP
1232 Race Rd, Suite 202
Baltimore, Maryland 21237
Phone: 410-687-0808 | Fax: 410-687-0070

PATIENT REGISTRATION FORM

Patient Information
Full Name: _____
Date of Birth: _____ Gender: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Parent/Guardian Information
Name: _____
Relationship: _____
Phone: _____

Emergency Contact
Name: _____
Relationship: _____
Phone: _____

Insurance Information
Insurance Carrier: _____
Policy/ID #: _____ Group #: _____
Subscriber Name: _____
Subscriber Date of Birth: _____

Consent & Signature
I certify that the above information is accurate. I authorize **KiddieHealth Pediatrics** to provide medical care to my child and release medical information as necessary for insurance and treatment purposes.

Parent/Guardian Signature: _____

Date: _____