PEDIATRIC ASSOCIATES OF SPRINGFIELD INC.
1000 E. PRIMROSE SUITE 560
SPRINGFIELD, MO 65807
PHONE (417) 882-1600

SHARED INFORMATION

Patient Name: _____ DOB: _____

Please list anyone that we may share information regarding your child's medical care and billing information, including the patient's parents.

Name of person you wish to share information	Relationship to patient
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____

Signature Date

_____

Printed Name