LAKEWAY DERMATOLOGY ASSOCIATES, PC

400 E. ECONOMY RD., SUITE 8
MORRISTOWN, TN 37814
423-587-4600
FAX 423-587-1729

112 W. BROADWAY BLVD.
JEFFERSON CITY, TN 37760
865-262-8240
FAX 865-262-8242

PATIENT NAME: _____
First Middle Initial Last

Address: _____ Date of Birth: _____
City/State/Zip: _____ Social Security # _____
Telephone Number: _____ Male _____ Female _____

MOTHER'S NAME: _____
First Middle Initial Last

Address: If same check: _____ Street/PO Box _____
Home Telephone: _____ City/State/Zip: _____
Date of Birth: _____ Social Security # _____
E-mail: _____ Employer Name: _____
Work Number: _____ Employer Address: _____
Cell#: _____ _____
Employer Phone: _____ Position: _____

FATHER'S NAME: _____
First Middle Initial Last

Address: If same check: _____ Street/PO Box _____
Home Telephone: _____ City/State/Zip: _____
Date of Birth: _____ Social Security # _____
E-mail: _____ Employer Name: _____
Work Number: _____ Employer Address: _____
Cell#: _____ _____
Employer Phone: _____ Position: _____

LEGAL GUARDIAN (if other than parent): _____
First Middle Initial Last

Address: If same check: _____ Street/PO Box _____
Home Telephone: _____ City/State/Zip: _____
Date of Birth: _____ Social Security # _____
E-mail: _____ Employer Name: _____
Work Number: _____ Employer Address: _____
Cell#: _____ _____
Employer Phone: _____ Position: _____
Person who has physical legal custody: _____ _____
If guardian, do you have legal papers? _____ **Preferred Pharmacy:** Name: _____
Location: _____ Telephone# _____

EMERGENCY COVERAGE

The following individuals have permission to seek medical treatment for _____
Name: _____ Relationship: _____ Telephone: _____
Name: _____ Relationship: _____ Telephone: _____
Pimary Care Physician _____