

The Pediatric & Adolescent Center, Inc.

6148 N. Discovery Way, Suite 100
Boise, ID 83713

801 Stilson Rd, Suite 100
Boise, ID 83703

William Bourquard, MD
Nancy Miller, FNP-C

Cathy Sandstrom, MD

Date: _____

Patient's Last Name First Name Middle Initial Date of Birth

Father's Name/Social Security Number Mother's Name/Social Security Number

Patient's Home Address, City, State & Zip Code

Home Phone Number Email Address

Father's Place of Employment Phone Number Father's Cell Phone

Mother's Place of Employment Phone Number Mother's Cell Phone

Insurance Company Address, City, State, Zip Code

Name of Subscriber Subscribers Date of Birth Policy Number

Patient's Social Security Number _____

In case of emergency, notify: _____
Name Phone Number

Other Children (Names & Birth Dates): _____

Referred to our office by: _____

Who is financially responsible for this bill? _____

**** ALL BLANKS MUST BE FILLED OUT IN ORDER TO PROCESS****