



Ptarmigan Pediatrics, LLC
 3543 E Meridian Park Lp, Ste A, Wasilla, AK 99654
Phone: 907-357-4KID (4543) **Fax:** 907-357-4533
Patient Registration Form
(Continued)



5. **Child's Full Name** _____ **Date of Birth** _____ **Gender:** M F

Primary Race: African American, Alaska Native, American Indian, Asian, Caucasian, Hispanic, Pacific Islander
Ethnicity: (Your active culture, *such as:* American, Inuit/Eskimo, Canadian, Russian, Ukrainian, Iraqi, etc.): _____

6. **Child's Full Name** _____ **Date of Birth** _____ **Gender:** M F

Primary Race: African American, Alaska Native, American Indian, Asian, Caucasian, Hispanic, Pacific Islander
Ethnicity: (Your active culture, *such as:* American, Inuit/Eskimo, Canadian, Russian, Ukrainian, Iraqi, etc.): _____

7. **Child's Full Name** _____ **Date of Birth** _____ **Gender:** M F

Primary Race: African American, Alaska Native, American Indian, Asian, Caucasian, Hispanic, Pacific Islander
Ethnicity: (Your active culture, *such as:* American, Inuit/Eskimo, Canadian, Russian, Ukrainian, Iraqi, etc.): _____

8. **Child's Full Name** _____ **Date of Birth** _____ **Gender:** M F

Primary Race: African American, Alaska Native, American Indian, Asian, Caucasian, Hispanic, Pacific Islander
Ethnicity: (Your active culture, *such as:* American, Inuit/Eskimo, Canadian, Russian, Ukrainian, Iraqi, etc.): _____

9. **Child's Full Name** _____ **Date of Birth** _____ **Gender:** M F

Primary Race: African American, Alaska Native, American Indian, Asian, Caucasian, Hispanic, Pacific Islander
Ethnicity: (Your active culture, *such as:* American, Inuit/Eskimo, Canadian, Russian, Ukrainian, Iraqi, etc.): _____

10. **Child's Full Name** _____ **Date of Birth** _____ **Gender:** M F

Primary Race: African American, Alaska Native, American Indian, Asian, Caucasian, Hispanic, Pacific Islander
Ethnicity: (Your active culture, *such as:* American, Inuit/Eskimo, Canadian, Russian, Ukrainian, Iraqi, etc.): _____

★ **Signature of parent or legal guardian:** _____ **Date:** _____

Printed name of Parent of Legal Guardian: _____

If you are submitting this remotely, please mail / fax this completed form **with a copy of Insurance ID card(s)** to the address at the top of this page.