



Eugene Pediatric

A S S O C I A T E S

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Phone: (541) 484-5437 Fax: (541) 343-7360 or (541) 484-0155

Additional Patients (Minors Under 13 Years Old)

• **Patient :** _____ Date of Birth: _____ Sex: M F Age: _____
Last First Middle

Lives with: Father Mother Both Other: _____

Race (Please circle one) Hispanic - Asian - Caucasian - African American ___ - American Indian - Alaska Native - Pacific Islander - Filipino - Other: _____

Ethnicity (Please circle one) Hispanic or Latino - NonHispanic or Latino - Other or Undetermined

• **Patient :** _____ Date of Birth: _____ Sex: M F Age: _____
Last First Middle

Lives with: Father Mother Both Other: _____

Race (Please circle one) Hispanic - Asian - Caucasian - African American ___ - American Indian - Alaska Native - Pacific Islander - Filipino - Other: _____

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