

SUNSHINE PEDIATRICS
1160 Capital Avenue; Ste. 105,
Market Center
Watkinsville, Georgia 30677
Telephone (706) 769-9410
Fax (706) 769-9475

Hospital/Laboratory Preference Form

Patient Name: _____

Date of Birth: _____

Since it is your responsibility to be aware of which hospital and/or laboratory your insurance company covers, please indicate those choices below:

Hospital(s): _____

Laboratory: _____

In the event the above information changes, it is your responsibility to notify a member of the staff of the changes in writing.

Signature of patient or Guardian: _____

Print Name: _____ **Date:** _____