

# OrthoPro of Reno Inc.

## Parent/Legal Guardian #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

## Parent/Legal Guardian #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_