



Fairfield Medical Associates

Change of Address Form:

Please complete the change of address form if the patient's address has changed. We do require a form for each family member and it must be signed by the patient if 18 or older or the parent/guardian. We can only input one address per patient. If parent's live at separate addresses we will need the address of where the patient resides. Each time an address is changed you will be required to complete a change of address form.

Patient Name: _____ **DOB:** _____

New Address: _____

City: _____ **State:** _____ **Zip:** _____

Patient Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____