



PATIENT REGISTRATION FORM

How did you hear about our clinic ? test  
Referred By test  
Primary Case Physician test

Phone # 212  
Phone # 212

PATIENT INFORMATION

Patient Name test SSN 3434343434 Birthdate 34 Gender \_  
Address test Apt# test City State Zip test  
Home Phone# 343 Work Phone# 343 Email test  
Marital Status married Employer sdfasdf Occupation asdfasdf  
Employers Address asdfasdf City State Zip asdfasdf

(If patient is a minor (Under 18 or full time student)

Guarantor asdfasdf SSN asdf Birthdate 34 Gender M  
Guarantor Address asdfasdf City State Zip asdfasdf

(If different from patient)

Emergency Contact asdf Phone# asdf Relationship to patient asdf  
Spouse Name asdfasdf SSN asdf Birthdate 3434  
Employer asdfasdf Work Phone# 343

INSURANCE INFORMATION

Primary Insurance asdf Policy# asdf Group# asdf  
Address asdf City State Zip asdf  
Insured Name asdf SSN 3434 Birthdate 3434  
Phone# 343 Relationship to patient asdfasdf

Secondary Insurance asdf Policy# fasdfasdf Group# fasdfasdf  
Address asdfasdf City State Zip asdfasdf  
Insured Name fasdf SSN asdfasdf Birthdate 3434  
Phone# 343 Relationship to patient \_

Do you have a vision policy? Name fasdfasdf Insured 34asdfasdf Policy# 4334  
Phone# 343

I certify that the above information is correct and hereby authorize the release of medical information to my insurance company and/or to my referring physician. I assign to the physician(s) all payments for services rendered to my dependents or me. A copy of this authorization may be used in place of original. Insurance will be filed if the physician(s) are covered under my plan. It is my responsibility to obtain a referral if required. I understand that I will be responsible for all non-covered service, co-payments and deductibles. I hereby voluntarily consent to treatment at his/her office and authorize such treatments, examinations, medications, anesthesia, surgical, operations and diagnostic procedure as ordered by attending physician. Payment is due at time of service. A \$25 fee will be charged for all returned checks.

Enter Your Name asdfasdf

Date 3443434