PATIENT INFORMATION
PLEASE PRINT

DATE____________ DATE OF BIRTH__________________ MALE / FEMALE
MARITAL STATUS______________
FIRST NAME_______________________ MIDDLE INITIAL ___LAST NAME_______________
ADDRESS____ CITY_________________________
STATE__________________________ ZIP CODE_______________________________________
PHONE NUMBER: ________________________ EMAIL:______________________________
CELL /WORK NUMBER: ____

OCCUPATION: _______________________________________
EMPLOYERS NAME: ___________________________________
EMPLOYERS PHONE NUMBER: _________________________
EMERGENCY CONTACT: _______________________________
PHONE NUMBER:_____________________________________

INSURANCE INFORMATION
PRIMARY/SECONDARY

(YOU DO NOT HAVE TO FILL OUT INSURANCE IF IT IS IN YOUR NAME THANK YOU!)

PRIMARY INSURANCE
SUBSCRIBERS NAME: __________________________DATE OF BIRTH: _______________
SECONDARY INSURANCE
SUBSCRIBERS NAME : ____________________________DATE OF BIRTH:____________

ACCOUNT RESPONSIBILITY (IF MINOR CHILD)
NAME OF RESPONSIBLE PARTY______________________________________
RELATIONSHIP TO PATIENT ____
ADDRESS ____ CITY _________________________
STATE _______________ ZIP CODE ______________PHONE _______________________

PLEASE SIGN
I hereby authorize Dr. Kleinsmith , Dr. Watnick and Dr. Mohammadi to leave a message on my answering machine regarding my result or any other medical information pertaining to my medical care YES/NO
SIGN: _______________________________________ DATE ___________________
PHONE NUMBER: _______________________________________

INSURANCE AUTHORIZATION
I hereby authorize Dr. Kleinsmith , Dr Watnick and Dr. Mohammadi to furnish my information to my insurance carries concerning my treatment and hereby assign to the physicians all payments for all medical services rendered to me or my dependants. I understand that I am responsible for any deductibles, co-pays or amounts not covered by my insurance and that it is my responsibility to know my insurance coverage from this day forward.
SIGNATURE: ____ DATE:_________________
EFFECTIVE JUNE 1, 2007 A CHARGE WILL BE MADE FOR CANCELLATIONS WITH LESS THAN 24 HRS NOTICE!!!