



Personal Information

Date				
Name				
Address				
City		State		Zip
Birthdate		Social Security No.		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Employer			Occupation	
Referred By				

Contact Information

Home Phone		Pharmacy Phone		
Work Phone		Extension No.		
Cell Phone		E-Mail		
Where do you prefer to receive calls?		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> E-Mail
When is the best time to reach you?		Time	Days	
In the event of an emergency, who should we contact?			Work No.	Home No.
Name _____		Relationship _____		

Insurance Information

Primary Insurance	Additional Insurance
Name of Subscriber	Name of Subscriber
Relationship to Patient	Relationship to Patient
Subscriber's Birthdate	Subscriber's Birthdate
Subscriber's Social Security No.	Subscriber's Social Security No.
Subscriber's Employer	Employer
Insurance Company	Insurance Company
Group No.	Group No.
Insurance Card I.D. No.	Insurance Card I.D. No.
Ins. Co. Address	Ins. Co. Address

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Interest may be charged on all accounts which are 90 days or more past due at a rate of 1.5% per month, annual rate of 18%. I understand that interest charges may be added to any account that I have that is 90 days past due, and hereby agree to pay any such charges if levied.

 SIGNATURE OF PATIENT OR PARENT OF A MINOR

 DATE