



19176 Hall RD, Suite 110 Clinton Twp, MI 48038
(586) 286-3400

Fax (586) 286-3619

2125 Butterfield, Ste 201N, Troy, MI 48084
(248) 649-1644

PATIENT INFORMATION (Please print all information) Use full legal name, No nicknames

Last Name First Name Middle Initial

Address: City State Zip Code

Please check the best number to reach patient

Home Phone Cell Phone Work Phone

Other Phone Contact Name and Relationship

E-Mail Address Social Security Number:

Date of Birth Age Sex M F Marital Status: Married Single Widowed Divorced

Employer Name: Address:

Spouse or Parent Name: Spouse or Parent Birthdate

Emergency Contact Name: Relationship

Emergency Contact Phone Number

INSURANCE INFORMATION: Please list each insurance company - Do not list policy numbers

Primary Insurance: Employer

Spouse Name: Date of Birth Employer:

Secondary Insurance: Employer

Spouse Name: Date of Birth Employer

Other:

PHARMACY INFO: Our office uses a computerized prescription program that improves the accuracy and convenience of prescribing medications. Therefore, we need information on your pharmacy of choice. Please complete the following information. If you do not have the complete info, please provide us with the name, crossroad, and city.

Name of Pharmacy (i.e. CVS, Rite-Aid, etc) Street Name and City

Phone:

WHO REFERRED YOU TO OUR PRACTICE?

Doctor City

Phone #

What Ophthalmologist/Optomtrist do you go to:

City Phone :

Who is your Primary Care Physician:

City Phone:

Who is your Internist/Cardiologist:

City Phone:

Please review and sign the reverse side of this form. It contains pertinent information regarding Assignment of Insurance Benefits for Medicare, Medigap and other General and Commercial Insurance. It also explains our Financial Policies.