FASTERCARE

PATIENT INFORMATION Sex: M [ ] F [ ] Marital Status: Married [ ] Single [ ]

DOB: _____ SSN: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ Apt #: _____City:_____

State: _____ Zip Code: _____ Home #: ( ) _____-_____

Cell #: ( ) _____-_____ Work #: ( ) _____-_____

FINANCIALLY RESPONSIBLE PARTY/POLICY HOLDER ***[ ] SAME AS ABOVE***

Sex: M [ ] F [ ] Marital Status: Married [ ] Single [ ]

DOB: _____ SSN: _____ Relationship to Patient: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ Apt #: _____City:_____

State: _____ Zip Code: _____ Home #: ( ) _____-_____

Cell #: ( ) _____-_____ Work #: ( ) _____-_____

Insurance Name: _____ Policy ID: _____ Group#:_____

EMERGENCY CONTACT

I hereby give consent to the release of information concerning my medical condition & treatment to the following person. I have reviewed the **Notice of Privacy Practices** and understand I may receive a printed copy of this information upon verbal or written request now or at anytime in the future.

Last name: _____ First Name: _____

Relationship to Patient: _____ Phone #: ( ) _____-_____