Date Completed:____________________________ Account #:____________________

NEW PATIENT INFORMATION

Last Name:	First:	Middle:
Address:	Apt# City:	State: Zip:
Social Security #:	Sex:	Age:
Date of Birth:	Home Phone: ( )	Mobile Phone: ( )
Marital Status: S M Spouse's name:	Spouse Birthdate:	Spouse SSN:
Spouse Employer:	Spouse Emp's Phone: ( )	

Are you currently employed?	Employer:	
Employer Address:		
Supervisor:	Job Title:	Work Phone:

Emerg. Contact:	Phone: ( )	Relationship:

Referring Dr.:	Phone:	Last Appt w/Ref. Dr.:
Chief Complaint:	Body Parts:	Left Right Both
Primary Care Dr.:	Phone:	Date of Inquiry:

Primary Insurance	Secondary Insurance
Plan Name:	Plane Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Name of Policyholder:	SSN of Policyholder:
Group Name/Number:	Group Name/Number:
Ins. ID#:	Ins. ID#:

Do you have an attorney for this injury? If so, attorney's name:	Attorney Phone:

I have completed this form fully and completely, and certify that I am the patient or duly authorized general agent of the patient authorized to furnish the information requested. I hereby authorize direct payment of surgical and/or medical benefits to Oklahoma Hand Surgery Center for any services rendered. I understand that I am financially responsible for any balance not covered by my insurance. I hereby authorize Oklahoma Hand Surgery Center to release any medical information that may be necessary for either medical care or to the insurance company for claim purposes.

By State Law, you must be advised that: The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

FORM 0026/403

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DATE SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

OKLAHOMA HAND SURGERY CENTER, INC.
10914 HEFNER POINTE DRIVE, SUITE 200 ● OKLAHOMA CITY, OK 73120-5061 ● Ph: 405.748.6600 ● Fax: 405.748.6472