EAR, NOSE & THROAT
Head & Neck Surgery

16100 Sand Canyon Ave Ste 310 Irvine CA 92618
31862 Coast Hwy Ste 302 Laguna Beach CA 92651
Tel: (949) 715-0500 Fax: (949) 715-0504

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Address: *Street:* _____

City: _____ *State:* _____ *Zip* _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Preferred method of communication? Please check one: ☐ *Home* ☐ *Cell* ☐ *Work* ☐ *E-mail*

Social Security Number: _____ Driver's License Number: _____

Employer: _____

Emergency Contact: _____

Relation: _____ Phone: _____

Primary Insurance: _____

Name of Responsible Party/Subscriber _____ Date of Birth: _____

Secondary Insurance: _____

Name of Responsible Party/Subscriber _____ Date of Birth: _____

Primary Doctor: _____ Phone: _____

Referred by: ☐ Doctor: _____ Phone: _____

☐ Website: _____

☐ Family/Friend: _____

☐ Other: _____

I hereby certify that the above information is true to the best of my knowledge. I authorize the release of any medical or other information necessary to process claims on my behalf. I agree to be fully responsible for all lawful debts incurred by myself for services received from OC Ear, Nose and Throat Physicians and staff, whether covered by insurance or not.

_____

Patient's or Patient Representative's Name and Signature Date