

Associated Urologists of Orange County

Garo Tertzakian, M.D., Matthew Greenberger, M.D., William Pearce, M.D., Stephen Williams, M.D.
Male and Female Urology, Minimally Invasive Urologic Surgery 1801 N Broadway
(714) 639-1915 • FAX: (714) 639-1127 www.OCurology.com Santa Ana, CA 92706

PATIENT INFORMATION

PLEASE PRINT

Patient's Name: _____
LAST FIRST MIDDLE

Date: ____/____/____
Birth Date: ____/____/____
Age: _____

FINANCIALLY RESPONSIBLE PARTY INFORMATION

Name: _____ Referred By: _____
LAST FIRST MIDDLE:

Home Address: _____ Home Phone: (____) _____ - _____
City State Zip

How long at this address? _____ Own _____ Rent _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

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

Employed By: _____ Length of Employment: _____

Employment Address: _____ Occupation: _____
Work Phone: (____) _____ - _____

Spouse's Name: _____

Employed By: _____ Length of Employment: _____

Employment Address: _____ Occupation: _____
Work Phone: (____) _____ - _____

FRIEND OR RELATIVE TO CALL IN CASE YOU CANNOT BE REACHED

Name: _____ Phone: (____) _____ - _____

Address: _____ Relationship: _____

INSURANCE INFORMATION

Primary Insurance Company Name: _____

Mailing Address: _____

Group Number: _____ Policy Number: _____

Secondary Insurance Company Name: _____

Mailing Address: _____

Group Number: _____ Policy Number: _____

I hereby authorize Associated Urologists of Orange County to furnish relevant information to insurance carriers concerning this medical condition and I assign to the doctor all payments and all major medical benefits for medical and surgical services rendered.

Signed: _____

Date: ____/____/____