MGM
MEDICAL ASSOCIATES LTD. S.C.

PATIENT REGISTRATION (Confidential)

NAME: _____
Last First Middle

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ SEX: _____

MARITAL STATUS: ❒ Married ❒ Single ❒ Divorced ❒ Widowed ❒ Separated ❒ Domestic Partner

ADDRESS: _____
Street City State Zip

DAYTIME PHONE: ( ) _____ EVENING PHONE: ( ) _____

EMAIL ADDRESS:_____ DRIVER'S LICENSE #: _____

EMPLOYER: _____ PHONE: ( ) _____

WORK ADDRESS: _____

RESPONSIBLE PARTY (Parent or Legal Guardian who Resides with Patient)

NAME: _____
Last First Middle

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ SEX: _____

MARITAL STATUS: ❒ Married ❒ Single ❒ Divorced ❒ Widowed Separated ❒ Domestic Partner

ADDRESS: _____

DAYTIME PHONE: ( ) _____ EVENING PHONE: ( ) _____ DRIVER'S LICENSE #: _____

EMPLOYER: _____ EMPLOYER PHONE: ( ) _____

EMERGENCY CONTACT (If Different than Responsible Party)

NAME: _____
Last First Middle

DAYTIME PHONE: ( ) _____ EVENING PHONE: ( ) _____ RELATIONSHIP: _____

I/we do hereby consent to and authorize the performance of all treatments, surgery and medical services by the staff of MGM Medical Assoc. Ltd. which they may deem advisable. I hereby certify that, to the best of my knowledge, all statements contained hereon are true. I understand that I am directly responsible for all charges incurred for medical service for myself and my dependents regardless of insurance coverage.

I furthermore agree to pay legal interest, collection expense, and attorneys' fees incurred to collect any amount I may owe. I also hereby authorize MGM Medical Associates Ltd. to release information requested by insurance company and/or its representative.

_____ (initial) I fully understand this agreement and consent will continue until cancelled by me in writing.

_____ (initial) I authorize MGM Medical Associates, Ltd. to render necessary medical or surgical treatment to the above-named minor of whom I am the parent or legal guardian.

SIGNATURE: _____ DATE: _____

NAME (Please print): _____ RELATIONSHIP: _____

FOR OFFICE USE ONLY

Location: _____ Date: _____ By: _____

Whom may we thank for referring you? ❒ Friend ❒ Family ❒ Directory ❒ Internet ❒ Other_____