MEMPHIS DERMATOLOGY CLINIC, P.A.

PATIENT INFORMATION FORM

Date ____________________ SSN: ____________________

Patient's Name ____ Sex: F ______ M ______

Mailing Address ____

Zip Code ______________ City ______________________ State ______________

Date of Birth ____________ Age ______ Marital Status (circle one): Single Married Divorced Widowed

Home Phone No. (____) __________ Work Phone No. (____) __________ Cell No. (____) __________

Employer ______________________________ Occupation ____________________

Spouse or Parent(s) Name ____________________ Referred By ____________________

Person Responsible for Payment (if not patient or if patient is a minor)

Name ______________________________ Relationship to Patient ______________

Address ____ Phone No. ______________

SSN ____________________ Date of Birth ______________

Primary Insurance Information (if in spouse or parent's name)

Name ______________________________ Relationship to Patient ______________

Address ____ Phone No. ______________

SSN ____________________ Date of Birth ______________

Employer ________________________ Employer Phone No. ____________________

Secondary Insurance Information (if in spouse or parent's name)

Name ______________________________ Relationship to Patient ______________

Address ____ Phone No. ______________

SSN ____________________ Date of Birth ______________

Employer ________________________ Employer Phone No. ____________________

**** PLEASE TAKE INSURANCE CARDS TO THE FRONT DESK ****

If your insurance carrier requires a **specific** laboratory to perform lab work, please provide name of laboratory ______________________________. If this information is not provided, the patient/guardian will be responsible for any outside laboratory charges. If your insurance requires pre-certification prior to surgery, you must notify us.

Rex A. Amonette, M.D., F.A.A.D.
Frank G. Witherspoon, Jr., M.D., F.A.A.D.
Gwen Beard, M.D., F.A.A.D.
Robin Friedman, M.D., F.A.A.D.
John D. Huber, M.D., F.A.A.D.
Amy A. Huber, M.D., F.A.A.D.
Courtney S. Woodmansee, M.D.
Frances K. Lawhead, M.D., F.A.A.D.
Emily T. Overholser, M.D.

Rev. 7/14/2014