

PATIENT INFORMATION

Date _____

Patient's Name _____
Last First Middle Married Single Divorced Widowed

Address _____
Street City State Zip

Home Phone () _____ Social Security # _____

Birth Date ____/____/____ Age ____ Sex (M/F) ____ Driver's License # _____

Employer _____ Work Phone _____ Occupation _____

Work Address _____
Street City State Zip

How were you referred to our office? _____ Search engine: _____

Who to notify in case of emergency? _____ Day Phone: _____

INSURANCE INFORMATION

Medicare # _____ Group Policy # _____

Insurance Co. Name _____ Insurance Co. Phone _____

Insurance Address _____
Street City State Zip

Insured's Name _____ Insured's SS # _____

Please complete following if insured is other than self:

Insured's Employer _____ Occupation _____

Address _____
Street City State Zip

Work Phone _____ Patient relationship to insured: Spouse / Child

AUTHORIZATION OF MEDICAL BENEFITS

I hereby authorize the _____ Insurance company to pay by check and mail to: Edward M. Kramer, M.D. Inc., 27995 Greenfield Drive, Suite C, Laguna Niguel, CA 92677. The medical and surgical expense benefits allowable and otherwise payable to me under my current insurance policy, as payment toward the total charges for professional services rendered. This payment will not exceed my indebtedness to the above mentioned assigned and **I have agreed to pay any balance of said professional service charges, if any, over and above this insurance payment.** I further authorize the release of any medical information necessary to process this claim.

Signed _____

PATIENT'S NAME: _____ DATE: _____

History:

Allergies to medications:

Major problems: Heart

High blood pressure _____ Asthma or other respiratory problems _____

Other major problems or illnesses:

Is there a family history of skin cancer? _____ or melanoma? _____

Or other major illnesses?

Have you ever had skin cancer?

List all current medications and topical creams you are using:

Have you ever fainted or been lightheaded when having an injection or surgical procedure?

Do you take antibiotics prior to dental procedures or surgery? _____