

Date:

Patient Registration Form Your Health is Our Care!

Patient Name: Last	First	MI Preferred Language
Address:	SpanishOther	
City: State: Zi	p:	Race:
Home Phone: () ok to leave voice message? Y / N		o White
Cell Phone: () ok to leave voice message? Y / N		AsianAfrican American
Gen Fiorie. () ok to leave v	oice message: 1714	o Other
Emergency Contact:	Employer: Ethnicity	
	Phone:	O Hispanic or Latino
Phone:	Work Status:	O NOT Hispanic or Latino
Phone:		
Confidential Emails	<u> </u>	
Confidential Email: Providing your email above will allow use for medical communica		
		·
PRIMARY Insurance Company:		
PRIMARY INSURANCE: Name of Insured:	Relatio	nship to Patient:
Insured D.O.B:// Cell Phone: (
Address:	Apt# City	State Zip
☐ Check here if you have a SECONDARY INSURAN	CE	
IF PATIENT IS UNDER 18 - RESPONSIBLE PAI	RTY	
Last Name: First Name:	MI: Gende	r: M / F D.O.B://
Relationship to patient: Social Securi	ty #:	
Address:	Apt# City	StateZip
Cell Phone: ()	Home Phone: ()	
		[]
Consent for services and/or disclosure of Protect	ed	URGENT MEDICAL CENTER
		Plantation Towne Square
Health Information I hereby consent to medical evaluations, testing and/or treatment process.	ovided	Plantation Towne Square (Publix Plaza)
I hereby consent to medical evaluations, testing and/or treatment puto me by the staff of Urgent Medical Center, Inc. I also understand	that Sunrise Blvd	(Publix Plaza)
I hereby consent to medical evaluations, testing and/or treatment put to me by the staff of Urgent Medical Center, Inc. I also understand Urgent Medical Center, Inc may use or disclose any Protected Heal Information (PHI) necessary to carry out treatment, payment or hea	that Sunrise Blvd th (thcare	(Publix Plaza)
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