Earl Gage, MD – Plastic and Reconstructive Surgery

Today's Date: ___________________

PATIENT DEMOGRAPHICS

Name: Last: ________________________________First:_____________________________ M.I.___________

Sex: ☐ Male ☐ Female Birth date: _____________________ Social Security # ___________________

Address: ____ Home Phone: ___________________________

____ Work Phone: ___________________________

City: ____ Mobile Phone: __________________________

State: ________________ Zip: ____________________ E-mail: ________________________________

Employer ____ Part-Time / Full-Time

Student ____ Part-Time / Full-Time

Marital Status______________

PRIMARY CARE PROVIDER INFORMATION

Primary Doctor (PCP): ____

Address____Phone__________________

Referring Doctor: ____

Address____Phone__________________

<table>
<tr><th colspan="4">Primary Insurance</th></tr>
<tr><td>Insurance Company Name</td><td>Subscriber's Name</td><td colspan="2">Subscriber's Social Security Number</td></tr>
<tr><td colspan="2">Subscriber's Relationship to Patient
☐Self ☐Spouse ☐Parent ☐Guardian ☐Other</td><td>Subscriber's DOB
/ /</td><td>Subscriber's Sex
☐Male ☐Female</td></tr>
<tr><td>Subscriber's Employer</td><td>Patient's ID #</td><td>Group #</td><td>Copay Amount</td></tr>
<tr><td colspan="2">Employer Address</td><td>City</td><td>State Zip</td></tr>
<tr><td colspan="2">Insurance Company Address</td><td>City</td><td>State Zip</td></tr>
</table>

Secondary Insurance				
Insurance Company Name	**Subscriber's Name**		**Social Security Number**	
Subscriber's Relationship to Patient ☐Self ☐Spouse ☐Parent ☐Guardian ☐Other	**Subscriber's DOB** / /		**Subscriber's Sex** ☐Male ☐Female	
Subscriber's Employer	**Patient's ID #**	**Group #**	**Copay Amount**	
Employer Address	**City**		**State**	**Zip**
Insurance Company Address	**City**		**State**	**Zip**

Emergency Contact Information		
Contact Name	**Relationship to Patient** ☐Self ☐Spouse ☐Parent ☐Guardian ☐Other	**Contact Phone** ( )

Yes, I give permission for Dr. Gage's staff to give detailed information regarding my treatment via:
☐ **Answering machine @**____________________ ☐ **Mail** ☐ **Email** _____________________________________