Jon M. Grazer,M.D.,MPH,FACS
400 Newport Center Drive, Suite 302, Newport Beach, CA 92660
949-644-1240

PATIENT AND FINANCIAL RESPONSIBILITY INFORMATION

Patient Name: _____Date of Birth: _____

Home Address: _____

City: _____State: _____Zip Code: _____

Email Address: _____

Home Number: (____) _____Cell Number: (____)_____Age:_____

Social Security Number: _____-_____-_____ Driver license Number:_____

Employer: _____Occupation:_____

How did you hear about us? _____

RESPONSIBLE FOR BILLING:

Name: _____Relationship to Patient:_____

Mailing Address:_____

City: _____State: _____Zip Code: _____

Home Number: (____) _____Cell Number: (____)_____

INSURANCE INFORMATION: **Please present your card to the receptionist to copy**
Name of Insurance Co.:_____Phone Number: (____) _____
Mailing Address: _____
City: _____State: _____Zip Code: _____
ID Info: (policy, group, etc.)_____
Secondary Insurance: _____

I understand that I am responsible for all my medical bills incurred, not my insurance company or other third party. I hereby authorize Jon M. Grazer,MD,MPH,FACS to furnish information to the insurance carrier or other third party concerning this illness. I hereby irrecoverably assign to Jon M.Grazer,MD,MPH,FACS All payments for the medical services rendered, I certify that the above information is complete and correct to the best of my knowledge.

_____ _____
Signature of financially responsible person Date

Name of person to contact in case of emergency:_____

Relationship to Patient: _____Phone Number: (____)_____

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Patients Name:_____ Date:_____ Date of Birth:_____

(Doctor Use Only)

Diagnosis:

Location:

Duration:

History of present illness:
- Onset:
- Location initially, sites of recurrence:
- Symptoms, preceding and associated:
- Course and influencing factors:
- Anyone else:
- Previous therapy:
  - Lab test:
  - Biopsy or surgery:
  - UV or X-RAY:
  - Pills or liquid P.O.:
  - Injections:
  - Soaps, Compresses & Baths or creams:

Allergy history: Patient and Family: BA HF HVS ATD

Drugs: PCN, Novocain, Sulfasm, Codeine

Occupations ocntactants:

Present medications:

Review of systems:

Past history:

S.I.:Diabetes M., Peptic Ulcer, TBC, HTCVD, Vision: Reneal or Hepatic

O.I.: AID, IMM.: OB, G&D: