Date:________________________ Chart#________________________

GAINESVILLE EYE PHYSICIANS, P.A.

6717 NW 11th Place, Suite A, Gainesville, FL. 32605

(352) 331-7811 - (800) 533-1306

KYLE C BALCH, M.D. *BRENDA ROSADO GONZALEZ O.D..*

PATIENT INFORMATION

NAME (LAST) ________________________(FIRST)________________________(MI)________

PERMANENT ADDRESS________________________CITY________________ST______ZIP_________

HOME PHONE________________________CELL PHONE________________________ SEX M______F______

DATE OF BIRTH____________________AGE________SOCIAL SECURITY#________________________

NAME OF SPOUSE OR PARENT (IF MINOR)____

EMPLOYER________________________________WORK PHONE#________________________

SINGLE______MARRIED______WIDOWED______

**********************************INSURANCE INFORMATION**********************************

PRIMARY INS________________________________ID #________________________________

GROUP#____________________NAME OF POLICYHOLDER________________________________

RELATIONSHIP________________________DATE OF BIRTH OF POLICYHOLDER________________________

SECONDARY INS ________________________________ID#________________________________

GROUP#____________________NAME OF POLICYHOLDER________________________________

RELATIONSHIP________________________DATE OF BIRTH OF POLICYHOLDER________________________

ADDITIONAL INS________________________________ID#________________________________

******************************PATIENT CONFIDENTIALITY**********************************

THE FOLLOWINGPERSON(S) HAS AUTHORIZATION TO DISCUSS MY MEDICAL RECORDS OR CONDITION WITH YOUR OFFICE PERSONNEL AND MAY BE USED AS AN EMERGENCY CONTACT:

____________________	____________________	____________________
NAME	**RELATIONSHIP**	**PHONE #**
____________________	____________________	____________________
NAME	**RELATIONSHIP**	**PHONE #**

****

________________________________ ________________________

Signature **Date**

UPDATED: The patient has reviewed all of the above information & confirms that it is accurate & current.

__________ __________ / __________ __________ / __________ __________