

# PATIENT REGISTRATION FORM

<b>Female's Full Name:</b> First                      Middle                      Last	<b>Home Phone:</b> Area Code                      Please include		
<b>Home Address:</b>	<b>Date of Birth:</b>		
	<b>Soc. Sec. #:</b>		
<b>Employer:</b>	<b>Work Phone:</b> Area Code                      Please include		
<b>Alternate Phone Number:</b>  Please circle:    Cell            Pager            Other:	<b>Marital Status:</b> Single Married		
	<b>If married, how long?</b>		
<p><i>I AUTHORIZE THIS OFFICE TO CALL ME AT _____ (phone #) between the hours of 7:30AM - 4:00PM to discuss lab results and review my cycle plan.</i></p> <p style="text-align: center;"><i>The best time to reach me at this phone # is</i></p>			
<p><i>I AUTHORIZE THIS OFFICE TO DISCUSS MY RESULTS AND/OR MY CYCLE PLAN WITH THE FOLLOWING PERSON:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">Name of Partner/Person</td> <td style="width: 40%; text-align: center;">Relationship</td> </tr> </table> <p><i>You may reach this person best by calling _____ (phone #), and the best time to call is _____.</i></p>		Name of Partner/Person	Relationship
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<b>Family Physician (PCP):</b> _____ <b>Phone #:</b> _____			
Address: _____ Code                      Street                      City,                      State                      Zip			
<b>Referring Physician:</b> _____ <b>Phone #:</b> _____			
Address: _____ Code                      Street                      City,                      State                      Zip			
<p><b>INSURANCE INFORMATION: COPIES OF ALL INSURANCE CARDS ARE NEEDED ON FILE.</b></p> <p><b>Female:</b> Primary _____ Secondary _____</p> <p>I certify this information is true and correct to the best of my knowledge. The Fertility Center, LLC has my authorization to adhere to my consents outlined on this form. My signature below also authorizes information to be released to my physicians listed above (i.e. primary care physician and/or OB/GYN physician).</p>			
<b>Guarantor Signature (Female):</b> _____ <b>Date:</b> _____			