INTERNAL MEDICINE OF ARIZONA
3333 E CAMELBACK ROAD
SUITE 122
PHOENIX, ARIZONA 85018
PH: 602.522.1900 | FAX: 602.381.3281

LAST NAME: _____ FIRST NAME: _____ DOB: _____

SS# _____SEX:

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

MARITAL STATUS: SPOUSE: _____

STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

ALTERNATE ADDRESS IF ANY: _____

EMAIL: _____

PRIMARY INSURANCE: _____

ID: _____ GROUP: _____

SECONDARY INSURANCE: _____

ID: _____ GROUP: _____

PRESCRIPTION INFO: RX BIN: _____

PREFERRED PHARMACY: _____ PHONE: _____

AUTHORIZATION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION:

NAME: _____ RELATIONSHIP: _____ PHONE: _____
AUTHORIZATION TO LEAVE MEDICAL REPORTS ON VOICE MAIL: YES NO

EMERGENCY CONTACT:_____ PHONE_____

SIGNATURE: _____ DATE: _____