Dayton Pain Center, LLC. (DPC)

1 Elizabeth Pl Suite # D, Dayton, OH 45417
(937) 222 2233 Fax (937) 222 9665

Patient Name: _____ SSN#: _____-_____-_____ DOB: _____/_____/19____

Sex: M / F Address: _____ City: _____OH Zip: _____

Home Tel #: (_____)_____ Work Tel #: (_____)_____ Cell Tel # (_____)_____

Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Single / Married / Widowed Family Doctor: _____ Tel #: (_____)_____

Spouse's Name: _____ Spouse's SSN#: _____/_____/_____

Spouse's Employer: _____ Spouse's Employer Tel #: (_____)_____

Spouse's Employer address: _____ City: _____ State: _____ Zip: _____

Who may we thank for referring you to us: _____ Tel #: (_____)_____

Referring Physician Name: _____ Tel #: (_____)_____Fax # _____

Ref Physician Address: _____ City: _____ OH Zip: _____

Reason for Referral: _____

In case of emergency who may we contact: _____ Tel #: (_____)_____

Is this visit due to injury: Yes / No Type of injury: Auto / Industrial

Nearest relative not living with you: _____ Tel #: (_____)_____

Nearest friend not living with you: _____ Tel #: (_____)_____

Landlord Name: _____ Tel #: (_____)_____

INSURANCE INFORMATION Financial Responsible party for this bill _____

Insurance Company Name: _____ Policy # _____

Address: _____ City: _____ State: _____ Zip: _____

Insured's Name: _____ SS# _____/_____/_____ Group # _____

AUTHORIZATION: I hereby authorize DAYTON PAIN CENTER, LLC. to release any information concerning my illness and treatments and that of my dependents. I also authorize payment of medical benefits of DPC for services rendered. I understand and agree (regardless of my status) that I am ultimately responsible for all the charges for any professional services rendered. I have read all the information on this sheet and have completed all the answers. I CERTIFY this information is true and correct to the best of my knowledge. I will notify any changes in my status or the above information.

Responsible party Signature: _____ Date: _____/_____/____