

Fornara Eye Center PC  
 1680 Willow Creek Rd.  
 Prescott, AZ 86301  
 928-637-6883

Fornara Eye Center PC  
 199 S. Candy Ln. Suite 2A  
 Cottonwood, AZ 86326  
 928-634-2883



## Patient Registration

**Please verify the following information, make necessary changes and supply any missing information.**

						Date of Birth		Date Printed						
<b>Patient Information</b>				Suffix (Jr., Sr.)		Salutation (Mr., Ms.)		Nickname		Social Security #		Birth State	Sex	Age
Address						Address Type (Home, Billing Address, Office/Business)				Country				
Home Phone		Cell Phone		Work Phone / Ext		Email Address								
Primary Language		Special Needs		Marital Status		Preferred Communication (Cell, Home or Email)		Mother's Maiden Name		Plan Type				
Gender Identity (Male, Female, Male-to-female transsexual, Female-to-male transsexual)														
Race			Race 2			Ethnicity			Ethnicity 2					
Employer					Occupation									

						Patient's Relationship to the Responsible Party (Self, Spouse, Child)							
<b>Responsible Party Information</b>				Responsible Party's Name (Salutation, First, Middle, Last)		Date of Birth		Home Phone		Cell Phone		Work Phone / Ext	
Address (Street, City, State, ZIP)						Email Address			Social Security #		Gender		

<b>Primary Insurance</b>			
Insured's Name		Date of Birth	ID Number
Insurance Company Name		Insurance Co. Phone	
Insurance Company Address		PAY %	
Group Name	Group Number	Copay	

<b>Secondary Insurance</b>			
Insured's Name		Date of Birth	ID Number
Insurance Company Name		Insurance Co. Phone	
Insurance Company Address		PAY %	
Group Name	Group Number		

<b>Contacts</b>				
Name	Relationship	Emergency Contact (Yes or No)	Release of Medical Information (Yes or No)	Phone

<b>Referrals</b>				
Firm/Organization/Name	Phone	Address	Reason	Authorization Number