

OBSTETRICS & GYNECOLOGY PATIENT REGISTRATION FORM

(Please Print)

Today's Date _____

Name _____ SSN _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Home Phone _____

Employer _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Husband's Name _____ SSN _____

Employer _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Age _____ DOB _____

(Insurance Information)

Primary company (Yours) _____

Subscriber number _____ Policy number _____

Secondary Policy (Husband) _____

Subscriber number _____ Policy number _____

Responsible party for billing (if other than patient)

Name _____ Phone _____

Address _____

Emergency contact (Friend or Relative not living with you)

Name _____ Phone _____

Address _____

I authorize CORDELL MITCHELL, M. D. or any holder of medical or other information about me to release to my insurance company information required in the course of my treatment for processing this or a related medical claim. I hereby authorize direct payment of any benefits payable for these medical services. I understand that I am financially responsible for payment of all service rendered regardless of insurance coverage.

Signature _____ Date _____

Referred by:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____

CORDELL MITCHELL, M.D.
974 DOUGLAS AVE., STE. 102
ALTAMONTE SPRINGS, FL 32714

(Please Print)

Advanced Directives

(For compliance with the Patient Self-Determination Act)

Patients Name: _____ S.S. # _____

* Have you executed an Advanced Directive? Yes or No

* If yes, is this Directive in the form of:

_____ Living Will

_____ A Durable Power of Attorney

_____ A Health Care Surrogate

* If you executed an Advance Directive in any of the above formats
have you provided this office with a copy for your records? Yes or No

* If you would like more information regarding Advance Directives, Please ask the Staff.

Signature of Patient: _____

Date: _____ Witness: _____