King's OpenImaging MRI SPECIALISTS

Demographic Face Sheet Form

Patient's Name_____ Date of Birth:_____

Home Address _____ Apt#_____

City_____ State_____ Zip_____ Social Security #_____

Home #_____ Work #_____ Cell #_____

Weight:_____ Height: _____ Sex: _____

Marital Status:_____ Employment Status:_____ Employer:_____

Emergency Contact:_____Phone:_____Relationship_____

If patient is a minor

Responsible party name_____Phone:_____Relationship_____

Address_____City_____State_____Zip _____

INSURANCE INFORMATION

Primary Insurance:_____

Policy Holder:_____Policy Holder Date of Birth:_____

Relationship to Policyholder: Self_____ Spouse_____ Child_____ Other_____

Employment Status: Full Time_____Part Time_____ Employer:_____

Secondary Insurance:_____

Policy Holder:_____Policy Holder Date of Birth:_____

Relationship to Policyholder: Self_____ Spouse_____ Child_____ Other_____

Employment Status: Full Time_____ Part Time_____Employer:_____

WORKERS COMPENSATION OR AUTO CLAIMS

Date of injury if it applies _____/_____/_____ State in which the accident occurred_____

Injury is: Work Related_____ Car Accident_____Other (describe) _____

MEDICARE PATIENTS

Are you in a Rehab or Skilled Nursing Facility? If yes provide Facility name / Contact # / Case Manager

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I authorize the release of any previous results or images in the event King's Open Imaging is in need of them to help with the diagnosis of my procedure today. I permit a copy of this authorization to be used in place of the original.

X_____ Date_____

Patient signature or guardian for the minor patient