

Duane M. Wooten, MD, PC

515 W. Buckeye Road - Suite 306 Phoenix, AZ 85003-2650 p: (602) 374-4937 ft (602) 388-4261

## NEW PATIENT INFORMATION RECORD

PATIENT'S NAME (FIRS	T MI LADE			2 41012	11011	NECOND		
- iscume truca	., W.I., LAST):				DATE OF	BIRTH:	SEX:	ETHATE
STREET ADDRESS:				- The Control of the			ETHNICITY/RAC	
			CITY:			STATE:	ZIP CODE:	
HOME PHONE #:		EMERGENOVA					The constitution of	
		EMERGENCY CO	NTACTN	AME, RE	LATIONS	HIP, AND PHON	E#:	
PHARMACY NAME, ADD	RESS, AND PHONE	#:						
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TOO HEAR AB	OUT US?:				-		-	
ARENT INFORMA	TION							0
OTHER'S NAME (FIRST	, M.L. LASTI							-
4			DATE OF		BIRTH:	SOCIAL SECURITY# (SSN):		
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						MOTHER'S EMAIL ADDRESS:		
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BURANCE INFORM	MATION		0.7			1		1
ERSON RESPONSIBLE FOR PAYMENT:		PRIMARY INSURA	PRIMARY INSURANCE NAME:			PRIMARY INSURANCE ADDRESS & PHONE #:		
	-			OWNERS.	1	MANUSHI INSURAN	UE ADDRESS & F	HONE #:
IMARY POLICY HOLDER					1	2 3		-
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eby authorize Rainbow dent. I hereby authorize	e Rainbow Pediatri	os and/or Dr. Duan	en to furn e M. Mino	ish info	rmation to	insurance car	riers concerning	illness
dent. I hereby authorize orize, the release of an original. I understand I	y medical informat	on necessary to pr	rocess me	edical c	laims. An	ment for medic	al services as r	endered. I also
original. I understand I	am financially respo	onsible for all char	ges wheti	her or it	they are	covered by the	s authorization : insurance	will be as valid as
		200						
PONSIBLE PARTY'S NA	ME (DOINTED)	RESPONSIB	1 AN 14 -	-				