

3704 NORTH BOULEVARD
ALEXANDRIA, LA 71301
PHONE 318-442-7500
FAX 318-619-7730



PATIENT INFORMATION SHEET VIP SCHEDULING

Date: _____

Exam Requested: MRI CT U/S X-RAY _____

Patient Name: _____ DOB: _____

Parent's name if patient is a minor: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SS#: _____ HT: _____ WT: _____ Gender: M F Diabetic: Yes No

Referring Physician: _____ Nurse: _____

Primary Insurance: _____

Policy #: _____ Group #: _____

Phone #: _____ Policy Holder: _____

Secondary Insurance: _____

Policy #: _____ Group #: _____

Phone #: _____ Policy Holder: _____

Worker's Compensation: _____

Address: _____ DOI: _____

Adjuster's Name: _____ Phone: _____

PATIENT'S RETURN OFFICE DATE: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____