



DADE, LLC

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BROWARD, LLC

6290 North Federal Highway
Fort Lauderdale, Florida 33308
Telephone: 954-332-3000

Patient Information

SSN _____ DOB _____ SEX _____ TITLE (MR, MS, etc.) _____
LAST NAME _____ FIRST NAME _____ MID NAME _____ SUFFIX _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOME PHONE _____ WORK PHONE _____
EMERGENCY _____ RELATIONSHIP _____ PHONE _____
ETHNIC ORIGIN (OPTIONAL) _____ RELIGION (OPTIONAL) _____
MARITAL STATUS _____ EMPLOYER _____ PHONE _____

Medical Information

HEIGHT _____ (in) WEIGHT _____ (lbs) DIABETIC? _____
IS THERE A CHANCE THAT YOU ARE PREGNANT? _____ DO YOU HAVE A PACEMAKER? _____
CURRENT SYMPTOMS / REASON FOR PROCEDURE _____

Insurance Information

Auth _____

PRIMARY

SECONDARY

TERTIARY

	PRIMARY	SECONDARY	TERTIARY
NAME			
ADDRESS			
PHONE			
MEMBER ID #			
GROUP #			
INSURED NAME			
RELATIONSHIP			
INSURED SSN			
INSURED DOB			

Insured's Employer

COMPANY _____ CONTACT PERSON _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

Referring Physician

FIRST NAME _____ LAST NAME _____ SUFFIX _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
SPECIALTY _____ UPIN # _____ FAX _____

Primary Care Physician

FIRST NAME _____ LAST NAME _____ SUFFIX _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
SPECIALTY _____ FAX _____