



Town Center Medical
21 Hospital Drive, Suite 270 • Palm Coast, Florida 32164

Steven J. Brown, M.D., F.A.C.O.G.

Board Certified Gynecologist

Sarah J. Calpin, A.R.N.P.-C.

Certified Nurse Practitioner

(386) 437-5959 • Fax (386) 437-5390

www.palmcoastwomenscenter.com

PATIENT REGISTRATION —				Today's Date
Name		Date of Birth	Age	Sex
Mailing Address		City	State	Zip
Physical Address		City	State	Zip
Home Phone	Cell Phone		Work Phone	
If Minor, Parent or Guardian's Name				Relationship
Employer's Name			Employer's Phone	
Employer's Address				
Social Security Number			Marital Status	
Spouse's Name			Spouse's Work Phone	
Emergency Contact	Relationship	Phone Number	Cell Phone	
Which Doctor referred you?				
HOW DID YOU HEAR ABOUT US?				

METHOD OF PAYMENT —

- Medicare Number _____
- Health Insurance _____
- Cash Check Credit Card _____

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN —

I hereby authorize payment directly to the physician of the surgical and/or medical benefits, if any, otherwise payable to me for his services as described. I understand that I am financially responsible for all co-payments and any charges not paid by my insurance. A photocopy of this authorization shall be considered as effective and valid.

Patient's Signature _____ Date _____

AUTHORIZATION TO PAY RELEASE INFORMATION —

I hereby authorize the physician to release any information acquired in the course of my treatment necessary to process insurance claims.

Patient's Signature _____ Date _____

AUTHORIZATION FOR TREATMENT —

I hereby consent for the physician to render treatment and medical care as he feels necessary.

Patient's Signature _____ Date _____

