



PHOENIX CARDIAC SURGERY, P.C.

NAME: LAST: _____ FIRST: _____ MI: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: HOME: _____ WORK: _____
CELL: _____ PREFERRED CONTACT: HOME WORK CELL
SS#: _____ DOB: _____ AGE: _____
SEX: MALE FEMALE MARITAL STATUS: S M W D OTHER
RACE: WHITE BLACK/AFRICAN AMERICAN AMERICAN INDIAN/ALASKA NATIVE ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OTHER DECLINED/NOT REPORTED
ETHNICITY: HISPANIC/LATINO NON HISPANIC/LATINO DECLINED/NOT REPORTED
PREFERRED LANGUAGE (if other than ENGLISH): _____

EMPLOYER: _____ OCCUPATION: _____
EMERGENCY CONTACT: _____ PHONE: _____
RELATION TO PATIENT: _____

PRIMARY INSURANCE: _____ POLICY#: _____
GROUP #: _____ NAME OF INSURED: _____ DOB: _____
SECONDARY INSURANCE: _____ POLICY#: _____
GROUP #: _____ NAME OF INSURED: _____ DOB: _____

REASON FOR YOUR VISIT: _____
ALLERGIES TO FOOD OR MEDICATION: _____
IF YES - WHAT REACTION(S) OCCUR: _____

PRIMARY CARE DOCTOR: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
REFERRING DOCTOR: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

I request that payment under the medical insurance program be made to Phoenix Cardiac Surgery, PC on any bills for services furnished to me by Phoenix Cardiac Surgery, PC. I authorize Phoenix Cardiac Surgery, PC to release to the Social Security Administration, its intermediaries or carriers, any information needed for this claim or related medical claims. I further permit a copy of this authorization to be used in place of the original. This authorization is further to apply to all private insurance claims for my illness.

PATIENT SIGNATURE: _____ DATE: _____

Phoenix Cardiac Surgery, PC

H. Kenith Fang, MD

Mark Tasset, MD

Orazio Amabile, MD

Modesto Colón, MD

MEDICATION LIST

Date: _____

Patient Name: _____

**It is important we keep an up to date medication list on file for ALL of our patients.
Please list all CURRENT medications (Name & Strength)**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____



PHOENIX CARDIAC SURGERY, P.C.

ORIGINAL

RELEASE OF MEDICAL RECORDS

I _____ authorize the release of medical records to Phoenix Cardiac Surgery, PC.

OFFICE USE ONLY

Comments: _____

___ Please fax my records to (602) 251-3126

___ Please send my records to the following address:

**3131 E. Clarendon Ave
 Suite 102
 Phoenix, AZ 85016**

Patient Signature: _____

Patient Name: _____

Date of Birth: _____

Social Security #: _____

Thank you.

Phoenix Cardiac Surgery, PC



PHOENIX CARDIAC SURGERY, P.C.

PHARMACY INFORMATION

Please give as much information as you can about your preferred pharmacy below

Patient Name: _____

Pharmacy Name: _____

Address or Major Cross Streets: _____

City: _____ Zip: _____

Phone Number: _____

Please list secondary pharmacy below if you wish.

Pharmacy Name: _____

Address or Major Cross Streets: _____

City: _____ Zip: _____

Phone Number: _____

ACKNOWLEDGEMENT OF RECEIPT

OF

NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received the Notice of Privacy Practices of Phoenix Cardiac Surgery, P.C., an Arizona professional corporation (a/k/a "Yavapai Cardiac Surgery"), which explains its legal duties and privacy practices with respect to my protected health information. I understand that I may refuse to sign this Acknowledgement.

Date: _____

Signature of Patient or Patient's Representative

Print Name of Patient or Patient's Representative

FOR OFFICIAL USE ONLY

I, _____, made a good faith effort to obtain written acknowledgement of _____'s receipt of the Notice of Privacy Practices of Phoenix Cardiac Surgery, P.C., an Arizona professional corporation (a/k/a "Yavapai Cardiac Surgery"). However, I could not obtain written acknowledgement because: (please check the appropriate box)

- Individual refused to sign this Acknowledgement
- Communications barrier prohibited obtaining written acknowledgement
- An emergency situation prevented obtaining written acknowledgement
- Other (please specify)

