Premier
ALLERGY, ASTHMA & SINUS CARE
John G. Latall, MD Board Certified Allergy and Immunology
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Patient Information

Last Name		First Name		Middle Initial
Street Address	Unit	City	State	Zip
Birthdate Month Date Year	Gender	Preferred Pronoun(s)	Preferred Name	
Cell Phone	Home Phone			
Email				
Occupation	Patient's Employer and Address		Work Phone	
Maiden Name	How did you find us?			

Insured/Responsible Party Information (If self, please write 'self' in first box)

Last Name	First Name		Middle Initial
Street Address	City	State	Zip
Birthdate Month Date Year	Gender	Cell Phone	
Occupation	Insured's Employer Address		

Emergency Contact Information

Last Name	First Name	
Cell Phone	Home Phone	Work Phone

Insurance Information

Primary Insurance	Identification Number	Group Number
Secondary Insurance	Identification Number	Group Number