

PATIENT NAME: MR./MRS./	MS					
SSN:	BIRTH DATE:	AGE:	SEX:	MARITAL ST	TATUS:	
ADDRESS:		CITY:		STATE:	ZIP:	
HOME PHONE #:	CELL PHONE #:		WORK	WORK PHONE #:		
EMAIL ADDRESS:					-	
EMPLOYER NAME:						
ADDRESS:		CITY:		STATE:	ZIP:	
List Your Refe	erring & Primary Docto	or and Any Other Do	octor You Want	Your Report Se	nt to	
WHO IS YOUR REFERRING	DOCTOR:		PHONE #:			
WHO IS YOUR PRIMARY DO	OCTOR:		PHONE	#:		
DOCTOR:			PHONE	#:		
DOCTOR:			PHONE	#:		
If This is a Work Co	omp Case or Auto Ac	cident and You Hav	e a Personal Inj	ury Attorney, L	ist Below	
PERSONAL INJURY ATTOR	RNEY:		PHONE	: #:		
	Primary Inst	urance Card Holder	Information			
GUARANTOR NAME: MR./M	MRS./MS					
ADDRESS:		CITY:		STATE:	ZIP:	
SSN:	BIRTH DATE:	PHONE #:		WORK#:		
EMPLOYER NAME:						
ADDRESS:		CITY:		STATE:	ZIP:	
	Inform	ed Consent for Trea	atment			
COMPLETE IS THE DATIENT I						
COMPLETE IF THE PATIENT I	<u>IS OVER THE AGE OF 1</u>	8 YEARS OF AGE OR	R AN EMANCIPAT	ED MINOR:		
The undersigned being over the			(1944 No. 194520) - 7.75450		n any way prevent or	
	e age of eighteen (18) yea	ars and being under no	disability or prohil	pition that would in	5 5 85K	
The undersigned being over the	e age of eighteen (18) yea do hereby represent that	ars and being under no	disability or prohil	pition that would in	5 5 85K	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT I	e age of eighteen (18) year do hereby represent that orth Shore Spinal and Spo IS A MINOR OR WHEN A	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS	o disability or prohil	oition that would in (patient), consent	to receive	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT I	e age of eighteen (18) year do hereby represent that orth Shore Spinal and Spo IS A MINOR OR WHEN A	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS _ (patient), I	o disability or prohil	oition that would in (patient), consent  NT TO SIGN:, the pati	to receive	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT I	e age of eighteen (18) year do hereby represent that orth Shore Spinal and Spo IS A MINOR OR WHEN A	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS _ (patient), I  nent from North Shore S	o disability or prohiles of the second of th	oition that would in (patient), consent  NT TO SIGN:, the pati	to receive	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT In the treatment of consent that this patient can recommend to the consent that the consent can recommend the consent that the consent	e age of eighteen (18) year do hereby represent that orth Shore Spinal and Spo IS A MINOR OR WHEN A ceive rehabilitation treatm	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS _ (patient), I  nent from North Shore S  Notice of Privacy Pi	S NOT COMPETE Spinal and Sports	oition that would in (patient), consent  NT TO SIGN:, the pati	to receive ent's representative,	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT In the treatment of	e age of eighteen (18) year do hereby represent that orth Shore Spinal and Spo IS A MINOR OR WHEN A ceive rehabilitation treatm HIPAA I tain the privacy of and pro	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS _ (patient), I  nent from North Shore S  Notice of Privacy Provide individuals with the	S NOT COMPETE Spinal and Sports ractices his notice of our le	oition that would in (patient), consent  NT TO SIGN:, the pating Rehabilitation.  gal duties and priving the parting series and priving series.	to receive ent's representative, vacy practices with	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT In the treatment of	do hereby represent that orth Shore Spinal and Spons IS A MINOR OR WHEN A ceive rehabilitation treatments the privacy of and programation. If you have any	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS _ (patient), I  nent from North Shore S  Notice of Privacy Provide individuals with the	S NOT COMPETE Spinal and Sports ractices his notice of our le	oition that would in (patient), consent  NT TO SIGN:, the pating Rehabilitation.  gal duties and priving the parting series and priving series.	to receive ent's representative, vacy practices with	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT II In the treatment of	e age of eighteen (18) year do hereby represent that orth Shore Spinal and Spo IS A MINOR OR WHEN A ceive rehabilitation treatm HIPAA I tain the privacy of and pro rmation. If you have any ain Phone Number.	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS (patient), I  nent from North Shore S  Notice of Privacy Provide individuals with the objections to this form	S NOT COMPETE Spinal and Sports ractices his notice of our le	oition that would in (patient), consent NT TO SIGN:, the patient of the pa	to receive ent's representative, vacy practices with Compliance Officer	
The undersigned being over the affect the consent and release, rehabilitation treatment from No COMPLETE IF THE PATIENT In the treatment of	do hereby represent that orth Shore Spinal and Sports A MINOR OR WHEN A ceive rehabilitation treatment that the privacy of and programation. If you have any ain Phone Number.	ars and being under no I,  orts Rehabilitation.  AN ADULT PATIENT IS _ (patient), I  nent from North Shore S  Notice of Privacy Provide individuals with the objections to this form  received this Notice of	S NOT COMPETE Spinal and Sports ractices his notice of our leplease ask to spec	oition that would in (patient), consent NT TO SIGN:, the patient Rehabilitation.  gal duties and privak with our HIPAA	to receive ent's representative, vacy practices with Compliance Officer	