Body Scan International
Tel. 888.724.8439

2722 Walnut Avenue
Tustin, CA 92780

PATIENT INFORMATION

Patient Name: _____ Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

MAILING ADDRESS: _____ City: _____ State: _____ Zip: _____

Home Telephone #: ( ) _____ Second Telephone #: ( ) _____

Email address: _____ Marital Status: S___ M___ D___ W___

Birth Date: _____ Age:_____ Height: _____ Weight: _____

How did you hear about us?_____ If from prior patient, Name: _____

In emergency contact: _____ Tel. #: ( )_____

PHYSICIAN INFORMATION

Name:_____ Telephone #: ( ) _____

Address: _____ Fax #: ( ) _____

City:_____ State: _____ Zip: _____

OCCUPATION INFORMATION

Employer: _____ Title /Position: _____ How Long: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: ( ) _____ Second #: ( ) _____

INSURANCE INFORMATION

Primary Insurance	**Secondary Insurance**
Ins. Co. Name: _____	Ins Co. Name: _____
Billing Address: _____	Billing Address: _____
Ins Co Telephone #: ( )_____	Ins. Co. Telephone #: ( ) _____
Cert/ID No: _____	Cert/ID No: _____
Group/Policy #: _____	Group/Policy #: _____
Name of Insured: _____DOB: _____	Name of Insured: _____DOB: _____
Insured Soc. Sec. #: _____	Insured Soc. Sec. #: _____
Relationship to Patient: _____	Relationship to Patient: _____