

Friedman Plastics and ENT

Bryan D. Friedman, D.O.
Ear, Nose & Throat
Facial Plastic & Cosmetic Surgery

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PATIENT INFORMATION

Today's Date: _____

Patient's Name: _____ D.O.B: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone Number: _____ Cell Number: _____

Best Way to reach you? _____

Parent/Spouse's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Primary Physician: _____ Phone Number: _____

Pharmacy Name/ Location: _____ Phone Number: _____

INSURANCE INFORMATION

Primary Insurance: _____ Policy Holder: _____ ID: _____

Secondary Insurance: _____ Policy Holder: _____ ID: _____

How did you hear about us?

Google/Search Engine

If yes, please specify: _____

Existing Patient/Friend/Family

If yes, please specify: _____

Social Media (Instagram, Facebook, Yelp etc.)

If yes, please specify: _____

Please remember it is your responsibility to confirm with your medical insurance provider that Bryan D. Friedman, D.O. is covered under your existing plan. Any additional charges or fees not covered by your insurance company are the responsibility of the patient.

Signature: _____ **Date:** _____