

**TAN HEAD & NECK CENTER**  
**JESUS K. TAN, MD, FACS**  
**JESSE W. TAN, MD, FACS**  
**3530 ATLANTIC AVENUE**  
**SUITE 108**  
**LONG BEACH, CA 90807**  
**PHONE (562) 988-8818 FAX: (562) 988-8819**

**NEW PATIENT INFORMATION RECORD**

PLEASE PRINT LEGIBLY

TODAY'S DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER  MALE  FEMALE

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED

HOW DID YOU HEAR ABOUT OUR OFFICE? \_\_\_\_\_ WHO IS YOUR PRIMARY DOCTOR? \_\_\_\_\_

NAME OF INSURED PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRIVER LICENSE: \_\_\_\_\_ CURRENT EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

SOCIAL SECURITY ----- \_\_\_\_\_

**EMERGENCY CONTACTS**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSURANCE INFORMATION**

PRIMARY CARRIER: \_\_\_\_\_ MEDICAL GROUP (IF APPLICABLE): \_\_\_\_\_

SECONDARY CARRIER: \_\_\_\_\_ MEDICAL GROUP (IF APPLICABLE): \_\_\_\_\_

**RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS**

I hereby authorize Drs. Jesus K. Tan and Jesse W. Tan to disclose when requested by the above named insurance carrier or its representatives any and all information with respect to any illness(es) or injury(ies), medical history or treatment and copies of all medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby authorize payment directly to Drs. Jesus K. Tan and Jesse W. Tan. Of the surgical and/or medical benefits if any, otherwise payable to me for professional services rendered to me. I understand that I am financially responsible for the charges not covered by this authorization. I further agree in the event of non-payment, to bear the cost of reasonable legal fees should this be required.

DATE: \_\_\_\_\_ PATIENT SIGNATURE (IF MINOR, PARENT SIGNATURE): \_\_\_\_\_