

**Treasure Coast
Surgical Center, Inc.**
1811 S. 25th Street • Fort Pierce, FL 34947
(772) 467-1960

Primary Physician: _____
(Out of area doctors please write address or phone number)

Patient Name: _____ Age: _____ Sex: M / F

Race (required by State law): American Indian/or Alaska Native Asian Black/or African American
 Native Hawaiian or Pacific Islander White Other Unknown

Ethnicity (required by State law): Hispanic or Latino Non-Hispanic or Latino Unknown

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Marital Status: Married Single Divorced Widow Widower

Date of Birth: _____ Social Security #: _____

Employer: _____

Spouse's Name: _____ DOB: _____ Social Security #: _____

Spouse's Employer: _____ Phone: _____

Responsible Adult Companion (RAC) (must accompany you to Center): _____

Are you allergic to latex ? _____ (Does not include adhesive, elastic, rubber, etc.)

IF YES, PLEASE INFORM THE CENTER STAFF IMMEDIATELY.

Medication or Chemical Allergies : _____

List of Current Medication and Dosage (if you are unable to complete this section please make a list of your current medications and dosages or bring your medications with you on the day of the procedure): _____

Do you pre-medicate w/antibiotics for procedures? _____ YES _____ NO

Blood thinners or Aspirin products you now take: _____

List any medical conditions you have: _____

Prosthesis replacement if any: _____

Female patient: Pregnant _____ YES _____ NO

Assignment of Benefits and Release of Information:

I authorize the payment of medical benefits to Treasure Coast Surgical Center, Inc., Gulfstream Anesthesia and Tesoro Lab. I authorize the transfer of funds between all listed entities. I request payment of government benefits either to myself or to the party who accepts assignment. I also authorize the release of any medical information necessary to process my claim. I understand I am responsible for the deductible or co-payment.

Signature _____ Date _____

PATIENT LABEL