ROCKY MOUNTAIN
HEARING AND BALANCE

5872 South 900 East #175
Salt Lake City, UT 84121
P: 801-268-3277
F: 801-268-3288
earsutah.com

PATIENT INFORMATION

Patient Name _____ Gender _____ Age_____

Cell Phone _____ TEXT REMINDERS OK? _____ Cell Network_____

Home Phone_____ Date of Birth _____/_____/_____ Marital Status_____

Home Address_____ City _____ Zip_____

Email address _____ (this will be used for our office use only)

How Did You Hear About Us_____

Referring Physician _____ Family Physician_____

IN CASE OF EMERGENCY CONTACT: Name _____ Phone _____

INSURANCE INFORMATION – RESPONSIBLE PARTY

PRIMARY INSURANCE: _____ Name of Policy Holder_____

Date of Birth _____/_____/_____ Policy #_____ Group #_____

SECONDARY INSURANCE: _____ Name of Policy Holder _____

Date of Birth _____/_____/_____ Policy # _____ Group #_____

RESPONSIBLE PARTY: _____ Relation to Patient_____
(if patient is a minor)

RELEASE OF INFORMATION

I authorize Rocky Mountain Hearing & Balance to release my medical information to referring physicians, primary care physicians, or other specialists as needed.

Signed _____ Date _____

I further authorize Rocky Mountain Hearing & Balance to release my medical information to the following individuals:

Name_____ Relationship _____

Name_____ Relationship _____

Signed _____ Date _____

It is important that you contact our office at least 24 hours in advance if you are unable to make your appointment to avoid a $50 cancellation fee. (801)-268-3277