



# Welcome to MJ Medical Inc.!

Date of Appointment: \_\_\_\_\_  Walk-In

I would like you to check my health insurance for coverage:  Yes  No

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (M)

Patient Phone # \_\_\_\_\_ Patient Cell # \_\_\_\_\_ Email \_\_\_\_\_

Is it okay for us to leave messages at this number?  Yes  No

Patient Address: \_\_\_\_\_  
Street City State Zip

Who referred you to our office? \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Physician Phone # \_\_\_\_\_  
 I have a prescription  Please contact this physician for a prescription

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

## Primary Insurance

Name of Insurance: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder (Primary Insured): Self  Other : \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

## Secondary Insurance

Name of Insurance: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder (Primary Insured): Self  Other : \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis:  Lymphedema 457.1;  Breast Cancer 174.9, 457.0, 457.1, V45.71;  Varicose Veins 454.8;  
 Chronic Venous Insufficiency 459.81;  Venous Stasis Ulcer 707.10;  Open Venous Stasis Ulcer 454.0, 879.8;  
 Edema 782.3;  Other: \_\_\_\_\_

Lymphedema Therapist (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

## I am interested in the following products:

Burn Garments (A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513)

### Compression garments for:

my legs (A4465, A6452, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549, S8429)

my arms (A4465, A6452, A6549, S8420, S8421, S8422, S8423, S8425, S8426, S8427 S8428, S8429)

Other \_\_\_\_\_

Compression Pumps (E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673)

Mastectomy Products (L8000, L8015, L8020, L8030, L8035)

Wigs (A9282)

Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date