



REGISTRATION FORM

Date: ____/____/____ Social Security Number: ____-____-____

Full Name: _____

(First) (Last) (Middle)

Address: _____ Apt.# _____

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

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

Date of Birth: ____/____/____ Sex: M / F Marital Status: () Single () Married () Other _____

Referred By: _____ Phone: () _____ - _____

Oncologist Name: _____ Phone: () _____ - _____

Referring Physician: _____ Phone: () _____ - _____

Reason for coming in today: _____

Mastectomy: () Yes () No Lumpectomy: () Yes () No Injury Side: () Left () Right () Both

Date of Surgery: ____/____/____

INSURANCE INFORMATION

(Please present your insurance card and driver's license with this completed form.)

Primary Insurance Name: _____

Policy Number: _____ Insured's Name: _____

Relationship to insured: _____

Secondary Insurance Name: _____

Policy Number: _____ Insured's Name: _____

Relationship to insured: _____

ALTERNATE CONTACT

Alternate Contact: _____ Relationship to Client: _____

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

Office Policies and Release of Medical Information

I authorize and consent to the release of any medical information to (1) any insurance company through which I claim benefits and (2) any physicians as requested by any such insurer or physician for the purposes of treatment, payment, and healthcare operations. I authorize the assignment of all medical and procedural benefits to which I am entitled, including Medicare, Private Insurance, group benefits, and other health plans to Alala, LLC. As this boutique does not extend credit, I understand it is my responsibility to pay all collection costs and reasonable attorney's fees in the event this account is turned over to an attorney for collection. I also request Alala to contact me in writing or telephone, regarding recalls, product modifications and/or reorders for products Alala may have provided.

Client/Guardian Signature: _____ Date: _____