

College Park Family Practice

Rick Baxley, M.D.

2629 Edgewater Drive
Orlando, Florida 32804
407.246.7001

PATIENT REGISTRATION

PATIENT INFORMATION						
PATIENT'S NAME	LAST	FIRST	M.I.	SEX	MARITAL STATUS	DATE OF BIRTH
MAILING ADDRESS					SOCIAL SECURITY NUMBER	
CITY			STATE	ZIP	EMPLOYER/OCCUPATION	
HOME PHONE		BUSINESS PHONE		EXT	DRIVER'S LICENSE NUMBER	
EMAIL ADDRESS						

EMERGENCY NOTIFICATION INFORMATION		
PERSON TO BE NOTIFIED IN AN EMERGENCY		HOME TELEPHONE
ADDRESS		BUSINESS TELEPHONE EXT.
CITY	STATE	ZIP
RELATIONSHIP TO PATIENT		

CONSENT FOR TREATMENT

I hereby give consent to provide whatever treatment is necessary to the patient named above.
I understand I am responsible for payment to Dr. Rick Baxley, and that payment is due at the time of service.

Signature of patient: _____ Date: _____