Desert Inn Medical Clinic

1900 E. Desert Inn Road, Las Vegas, NV 89169
contact@desertinnmedicalclinic.com
(702) 425-6125
(702) 208-2202

(Please complete all information)

PATIENT INFORMATION

		Toda'y Date:		
Name:		Home Phone:		Cell:
Address:				Apt#
City:		State:		Zip#
Date of birth:	Age:	Sex: □Male □Female		Merital status: S M W D SEP
Social security No:		E-mail:		
Race: □Declined		Preferred Language:	□ Hispanic □ Not Hispanic □ Declined	
Name of employer:		Work Phone:		

PATITENT PHARMACY INFORMATION

Pharmacy Name:	Pharmacy Phone No:
Pharmacy Address:	

EMERGENCY CONTACT

Name:		Phone No:	
Address:	City:	State:	Zip:
Relationship:			

INSURANCE INFORMATION

Primary:	Secondary:
Group or Claim No:	Group or Claim NO:
Policy#:	Policy#:
Name of Policy Holder:	Name of Policy Holder:
Date of Birth:	Date of Birth:
SSN of Policyholder:	SSN of Policyholder:
Insurance Co Phone No:	Insurance Co Phone No:

Patient Name Patient Signature Date