SOUTH LAKE HOSPITAL
In partnership with ORLANDO HEALTH

The pur Clinic
PERSONALIZED UROLOGY & ROBOTICS
1920 Don Wickham Drive Suite 130
Clermont, FL 34711
Phone: 352-536-8761

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **ALTERNATE NUMBER** _____

DOB: _____ **SSN:** _____

RACE: _____ **ETHNICITY:** _____

EMAIL: _____

SKYPE (if applicable) _____

DO YOU HAVE AN ADVANCE DIRECTIVE? _____

PRIMARY CARE PHYSICIAN:

NAME: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

REFERRING PHYSICIAN:

NAME: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

LAB: (used for blood work)

NAME: _____

PHARMACY INFORMATION:

NAME: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

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PRIMARY INSURANCE:

Insurance Carrier Name: _____ **Insurance Telephone #** _____

Member ID/Policy #: _____

Insured Name/Policy Holder: _____ **Relationship to Insured:** _____

Insured DOB: _____

SECONDARY INSURANCE (if applicable):

Insurance Carrier Name: _____ **Insurance Telephone #** _____

Member ID/Policy #: _____

Insured Name/Policy Holder: _____ **Relationship to Insured:** _____

Insured DOB: _____