

Info for ED Registration

*Spelling is **key** to correctly registering your patient*

Last Name: _____ First: _____ Middle Initial: _____

Suffix: _____

Sex: Male Female Unknown

DOB: / / Age: _____

Telephone #: _____



Discard in HIPAA bin when complete

Info for ED Registration

*Spelling is **key** to correctly registering your patient*

Last Name: _____ First: _____ Middle Initial: _____

Suffix: _____

Sex: Male Female Unknown

DOB: / / Age: _____

Telephone #: _____



Discard in HIPAA bin when complete

Info for ED Registration

*Spelling is **key** to correctly registering your patient*

Last Name: _____ First: _____ Middle Initial: _____

Suffix: _____

Sex: Male Female Unknown

DOB: / / Age: _____

Telephone #: _____



Discard in HIPAA bin when complete