

Welcome to Our Practice!

20911 Earl Street, Suite #470
Torrance, Ca. 90503

1010 N. Sepulveda Blvd
Manhattan Beach, Ca. 90266

435 N. Bedford Ave, LL #1
Beverly Hills, Ca. 90210

PATIENTS INFORMATION			
Name (Last, First, MI)		Birth Date	Age
		Sex F M	
Street Address		City/State	
		Zip Code	
Home Phone		Mobile Phone (confidential voice mail? Yes No)	
SSN		Drivers License #	Marital Status
Employer		Occupation	
Employer Address		Work Phone	
Emergency Contact and Relationship		Emergency Contact Phone	
Reason for Visit	Person/Place Referring You to Us	Primary Care Physician	
RESPONSIBLE PARTY (if different from above)			
Name		Relationship	Birthdate
		SSN	
Street Address		City/State	Zip
		Home Phone	
Responsible Party Employer	Employer Address	Work Phone	
INSURANCE INFORMATION			
Primary Insurance Company	Member ID# and Group#	Insurance Phone	
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I authorize the release of any medical information necessary to process my claim.
I authorize payment of medical and surgical benefits to Steven E. Davis, MD Inc.
I understand that while the office will bill my insurance company that I am responsible for all deductible, co-pay, and non-covered service amounts.

**Cancellation Policy: We require at least 24 hours advance notice for cancellations.
Cancellation within 24 hours will result in a \$50 charge**
