



Patient Information

Last _____ First _____ Middle _____ Male _____ Female _____

Date of Birth _____ Social Security # _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Occupation _____ Marital Status _____

Parent or Legal Guardian (if Minor) _____ Phone _____

Street Address if Different _____

City _____ State _____ Zip Code _____

.....
Person to notify in case of an Emergency:

Name _____ Phone _____ Relationship _____

.....
Are you an Amputee? Yes No Date of Injury _____ Date of Amputation _____

Primary Care Physician _____ Diabetic Physician _____

Referring Physician _____

Insurance Information

Primary Insurance: _____ Policy#: _____

Name of Insured: _____ DOB: _____

Relationship to patient: Self: _____ Other: _____

Secondary Insurance _____ Policy#: _____

Name of Insured: _____ DOB: _____

Relationship to patient: Self _____ Other: _____

Rock Hill Location

223 S. Herlong Ave Suite 110
Rock Hill, SC 29732
803-980-5080 Fax: 803-980-5083

Pineville Location

105020 Park Rd
Suite 170
Charlotte, NC 28210
704-697-1105 Fax: 704-544-3438

Lancaster Location

901 W. Meeting St. Suite 102
Lancaster, SC 29720
803-283-8774 fax: 803-283-8780