

The Roxbury Institute
450 N. Roxbury Dr. Suite 400
Beverly Hills, CA 90210
Phone (424) 394-1610 Fax (424) 394-1628

New Patient Registration Information

Name _____ **Date of Birth** _____ **M/F**

Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

Best Phone # _____ **May we leave personal information on this phone?** **Yes or No**
 Cell Home Work

Alt. Phone # _____ **May we leave personal information on this phone?** **Yes or No**
 Cell Home Work

Email _____ **Social Security Number** _____

Employer _____ **Occupation** _____

Insurance Name _____ **Policy Number** _____

Group Number _____ **Patient Relationship to Insured** _____

Primary Care Physician _____ **Physician's Phone** _____

Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

Emergency Contact _____ **Phone** _____ **Relationship** _____

Pharmacy Name _____ **Phone** _____

Pharmacy Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

How did you hear about us? _____