



LA VEIN CENTER

Larisse K. Lee, MD
Vascular and Endovascular Surgery

PATIENT INFORMATION

Last Name _____ First _____ Middle _____ Sex _____

Social Security Number _____ Marital Status _____

Date of Birth _____ Age _____

Home Address _____

Home Phone _____ Cellphone _____ Work Phone _____

Email Address _____

What is the best way to reach you? _____

Occupation _____ Employer _____

Work Address _____

Emergency Contact Name _____ Relationship _____ Phone Number _____

Primary Care Physician Name _____ Phone _____ Fax _____

Address _____

Referring Physician Name _____ Phone _____ Fax _____

Address _____



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Vascular and Endovascular Surgery

INSURANCE INFORMATION

Primary Insurance

Company

Policy Number

Group Number

Policy Holder Name

DOB

Relationship

Employer Name

Secondary Insurance

Company

Policy Number

Group Number

Policy Holder Name

DOB

Relationship

Employer Name

How did you hear about LA Vein Center?

Referred by Doctor _____

Referred by Family/Friend _____

Internet Search _____

Online Review _____

Magazine _____

Newspaper _____

Other _____