



PHONE: 352-536-6340

Patient Registration Packet

Please read and sign the enclosed forms.

BRING THIS COMPLETED PACKET TO
Clermont Ambulatory Surgical Center
on your date of surgery.

**255 Citrus Tower Blvd., Suite 100
Clermont, FL 34711**



◆ **CLERMONT** ◆
Ambulatory Surgical Center

at Citrus Tower Professional Center

255 Citrus Tower Blvd., Suite 100
Clermont, FL 34711

FIRST NAME

MIDDLE

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

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HOME PHONE

CELL PHONE

/ /

/ /

DATE OF BIRTH

SEX

SSN

RACE

NATIONALITY

LANGUAGE

MARITAL STATUS

EMAIL ADDRESS

EMPLOYER

WORK PHONE

NAME OF PERSON DRIVING PATIENT HOME

PHONE NUMBER

NAME OF EMERGENCY CONTACT

RELATIONSHIP

PHONE

(NOT LIVING WITH YOU)

PRIMARY INSURANCE

SUBSCRIBER ID

GROUP #

SECONDARY INSURANCE

SUBSCRIBER ID

GROUP #