



4644 Lincoln Blvd. Suite 450  
 Marina Del Rey, CA 90292  
 Phone: 800-491-1977/ 310-577-5540

**Center for Surgical Weight Control at  
 Centinela Freeman Regional Medical Center  
 Marina Campus**

**PATIENT INFORMATION**

Jeremy E. Korman, MD, FACS, Med. Dir.

Last name, first, middle initial			Date of Birth	Sex	Marital Status M D S W	
Street Address			Home Phone		Email Address	
City	State	Zip code	Work Phone		Telefax Number	
Employer's Name			Driver's License Number and State in Which Issued			
Employer's Street Address			Social Security number		Cell #	
City	State	Zip code	Occupation			
Emergency Contact: Relationship			if spouse DOB: _____		Religious Preference (statistical purpose only)	
Street Address			Home Phone		Race (statistical purpose only)	
Street Address			Home Phone		Work Phone	

**Insurance Information:**

Primary Insurance	Secondary Insurance
Address	Address
Customer Service Phone Number	Customer Service Phone Number
Policy or ID number	Policy or ID number
Subscriber's Name	Subscriber's Name
Relationship to Patient/if spouse SS#	Relationship to Patient
Subscriber's Employer, Address, Phone Number	Subscriber's Employer, Address, Phone Number

How did you hear about us?      **Lecture**                      **Friend(name)**                      **Internet**  
    **Newspaper**                      **Radio**

**I authorize release of medical information necessary to process claims for health insurance and disability benefits, and request that payment be made directly to my physician for services rendered. A copy of this authorization will be accepted as valid as the original.**

Date of visit \_\_\_\_\_ Patient Name \_\_\_\_\_ Signature \_\_\_\_\_