Elyse Rubenstein, M.D., F.A.C.R.

A Professional Corporation

Diplomate American Boards Internal Medicine and Rheumatology

1328 16th Street • Santa Monica, California 90404

Phone: (310) 256-2425 • Fax: (310) 395-3218

Patient Name____Date of Birth______________
Street Address____
City_________________________________State________________Zip Code_______________
Phone Number___________________________________SS#___________________________
Email____Sex M F

Referring Physician____
Address/Phone____
Primary Care Physician____
Address/Phone____

Employer____Occupation____________________
Employer Address____
Work/Cell Phone Number____

Marital Status ____
Spouse's Name____Date of Birth_____________
Spouse's Employer/Occupation____
Phone Number____

Emergency Contact Name__________________________________Relation_________________
Address____
Phone Number____

Billing Name (if other than patient)____
Billing Address____

Primary Insurance___________________________________Phone Number_________________
Address____
Name of Insured______________________________Relation to Patient_____________________

Additional Insurance________________________________Phone Number__________________
Address____
Name of Insured______________________________Relation to Patient_____________________

Medicare #____________________________Medicaid #___________________________________

Patient Name (print)____

Signature of Insured____Date____________________