

Patient Name: Sophia Johnson  
Date of Birth: 09/05/2002  
Gender: Female  
Phone: (859) 392-5587  
Email: sophia.johnson@email.com  
Address: 763 Maple St, Citytown, NY 10087

Insurance Provider: Cigna  
Insurance ID: TG0SQA3NGB

Emergency Contact Name: Liam Lopez  
Emergency Contact Phone: (954) 550-4151

Primary Physician: Dr. Mia Lopez  
Allergies: Pollen  
Medical Conditions: Asthma  
Current Medications: None

Reason for Visit: Follow-up  
Appointment Date: 09/18/1997  
Preferred Pharmacy: CVS Pharmacy

Signature: Sophia Johnson  
Date Signed: 03/27/1982  
Form ID: P024