

Patient Registration Form

Patient Name: Charlotte Anderson

Date of Birth: 02/20/1990

Gender: Female

Phone: (914) 296-5309

Email: charlotte.anderson@email.com

Address: 399 Main St, Newark, PA 87917

Insurance Provider: UnitedHealthcare

Insurance ID: 168787735

Emergency Contact Name: Elijah Anderson

Emergency Contact Phone: (569) 609-1989

Primary Physician: Dr. James Lopez

Allergies: Peanuts

Medical Conditions: Asthma

Current Medications: Ibuprofen

Reason for Visit: Consultation

Appointment Date: 11/11/2025

Preferred Pharmacy: CVS Pharmacy

Signature: Charlotte Anderson

Date Signed: 11/6/2025

Form ID: P043