

Patient Registration Form

Patient Name: Jacob Miller

Date of Birth: 08/21/1981

Gender: Male

Phone: (299) 822-6452

Email: jacob.miller@email.com

Address: 932 2nd St, Rochester, PA 56861

Insurance Provider: Humana

Insurance ID: 495038219

Emergency Contact Name: Sophia Lopez

Emergency Contact Phone: (508) 510-2384

Primary Physician: Dr. Sophia Gonzalez

Allergies: None

Medical Conditions: None

Current Medications: Ibuprofen

Reason for Visit: Routine check-up

Appointment Date: 11/28/2025

Preferred Pharmacy: CVS Pharmacy

Signature: Jacob Miller

Date Signed: 11/3/2025

Form ID: P041