

Patient Name: Liam Rodriguez
Date of Birth: 03/12/1980
Gender: Male
Phone: (449) 684-5498
Email: liam.rodriguez@email.com
Address: 814 Maple St, Citytown, NY 10053

Insurance Provider: UnitedHealthcare
Insurance ID: 1QQMHZAH4S

Emergency Contact Name: Noah Martinez
Emergency Contact Phone: (392) 389-3208

Primary Physician: Dr. Ava Martinez
Allergies: Pollen
Medical Conditions: Asthma
Current Medications: None

Reason for Visit: Consultation
Appointment Date: 08/19/1985
Preferred Pharmacy: CVS Pharmacy

Signature: Liam Rodriguez
Date Signed: 02/10/1991
Form ID: P014