

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Davis, Ethan	06465775	xxx-xx-1371	Male	7/4/2000 (19 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	Alive		

**Contact Information**

Address	Phone	E-mail Address
1285 FIRETHORNE DR MASON OH 45040	513-453-2277 (Home)	ethanpdavis@gmail.com

**Additional Info**

Preferred Language	Interpreter Needed
English	No

**PCP and Center**

Primary Care Provider	Center
No Pcp	LINDNER CENTER OF HOPE

**Pharmacy Preferences**

Pharmacy
YOST PHARMACY INC - MASON, OH - 120 W. MAIN ST

**Employment Information**

Status	Employer
Not Employed	NOT EMPLOYED

**Administrative**

Signature on File	Date Filed
Yes	None on file
Power of Attorney	Date Asked
No	None on file
Advance Directive	Date Asked
No	None on file

**Patient Contacts**

Name	Relation	Home	Work	Mobile	Preferred Language
DAVIS, MICHELLE	Relative			513-509-4206	

**Active Insurance as of 4/20/2020**

Patient has no active insurance coverage on file for 4/20/2020.

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