

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Davis, Darin	06468611	xxx-xx-8105	Male	7/15/1987 (32 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	Alive		

**Contact Information**

Address	Phone
4309 SPYGLASS HILL MASON OH 45040	865-441-9776 (Home) 865-441-9776 (Mobile) *Preferred*

**Additional Info**

Aliases	Patient Type	Preferred Language	Interpreter Needed
ZZZFUNCHAL,UNKNOWNP C	Anonymous	English	No

**PCP and Center**

Primary Care Provider	Center
No Pcp	WCH MAIN HOSPITAL

**Pharmacy Preferences**

Pharmacy
UCMC ER OP PHARMACY

**Employment Information**

Status	Employer	Occupation
Not Employed	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, PATRICIA	Mother			865-441-9777	English Interpreter needed? No
BIKIS, JARLA	Friend			513-289-3737	English Interpreter needed? No

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

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