White Plains Gynecology, LLC
Dr. Juan Carlos Rojas

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Suite 302
White Plains, N.Y. 10605
Phone: 914-934-3340 / 914-937-6085
Fax: 914-934-3253

Patient Information

Date: __________________

First Name: ________________________________

Last Name: _________________________________

Gender: ( ) female ( ) male Date of Birth: Month _____/ Day _____/ Year ______

SSN: ________-_______-_________

Preferred Method of Communication

( ) E-mail ( ) Phone ( ) Mail

E-mail: ____

Home Phone: _______________________________________

Mobile Phone: ____________________________

Office Phone: _________________________ Office Ext.: _________________

Address 1: ____

Address 2: ____

City: ________________________________ State: _______ Zip Code: _____________

Preferred Language: __________________ Race: ______________________

INSURANCE INFORMATION

Insurance ID Number: _____________________________

Name of Insurance: ____

Name of Primary Insured: ____

Date of Birth of Primary Insured: Month ________ / Day _______ / Year ___________

Address of Primary Insured (if different from patient):

____

____

Phone Number: _______________________________________