



REGISTRATION

Date: ___/___/___

Full Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Date of Birth: ___/___/___ Sex: M / F

Referred By: _____ Phone: () _____ - _____

Oncologist Name: _____ Phone: () _____ - _____

Referring Physician: _____ Phone: () _____ - _____

Reason for purchase/visit: _____

Mastectomy: ()Yes ()No Lumpectomy: ()Yes ()No Surgery Side: ()Left ()Right ()Both

Date of Surgery: ___/___/___

INSURANCE INFORMATION

(Please send a copy of your insurance card(s) and driver's license with this form.)

Primary Insurance Name: _____

Policy Number: _____ Insured's Name: _____

Relationship to Insured: _____

Secondary Insurance Name: _____

Policy Number: _____ Insured's Name: _____

Relationship to Insured: _____

ALTERNATE CONTACT

Alternate Contact: _____ Relationship to Client: _____

Home Phone () _____ - _____ Cell Phone: () _____ - _____

OFFICE POLICIES AND RELEASE OF MEDICAL INFORMATION

I authorize and consent to the release of any medical information to (1) any insurance company through which I claim benefits and (2) any physicians as requested by any such insurer or physician for the purpose of treatment, payment, and healthcare operations. I authorize the assignment of all medical and procedural benefits to which I am entitled including Medicare, Private Insurance, group benefits, and other health plans to Pink Regalia, LLC. I understand it is my responsibility to pay all collection costs and reasonable attorney's fees in the event this account is turned over to an attorney for collection. I also request Pink Regalia to contact me in writing or telephone regarding recalls, product modifications, and/or reorders for products Pink Regalia may have provided.

Client/Gaurdian Signature: _____ Date: _____

Updated: 12/11/201

Please send this completed form with a DETAILED WRITTEN ORDER from your physician.
Your order must include quantity of products ordered as well as your specific diagnosis.