

Patient Face Sheet

Patient Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ Birth Date: _____

_____ Contact Phone: _____

Email: _____ Sex: _____ Sex at Birth: _____

Residential Location or Address (if different from mailing address)

_____ Social Security # _____

Emergency Contact: _____ Phone: _____

Who Will Pay? (self-pay vs insurance): _____ Phone if applicable): _____

Preferred Pharmacy: _____ Phone: _____

Primary Insurance Name: _____

Insurance Address and Phone number: _____

Subscriber/Guarantor Name: _____ Date of Birth: _____

Beneficiary/Member#: _____

Group #: _____

Secondary Insurance Name: _____

Insurance Address and Phone number: _____

Subscriber/Guarantor Name: _____ Date of Birth: _____

Beneficiary/Member#: _____

Group #: _____

Fax Results and Updates to Pacific Sage Primary Care at 541-645-7243. Phone 541-762-2727

Ann Ottesen, Nurse Practitioner, Owner

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Service Locations by Appointment Only:

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Mobile Nursing and Medicine

