

Jay B. Farrior, M. D.  
Ear Surgery & Neurotology

Board Certified 1981  
Best Doctors in America since 1989  
Clinical professor - USF Dept. Oto-HNS  
American Otologic Soc.  
American Neurotologic Soc.  
Triologic Soc.  
American Academy Otolaryngology HNS  
AMA, FMA, SMA, HCMA

Bart Baker, M.S., CCC-A  
Audiology, Hearing Aids



Established 1947  
In Memory of  
J. Brown Farrior, M.D. 1881 - 1931  
Otolaryngology  
Brown Farrior, M. D. 1911 - 1995  
Otology - Ear Surgery

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## UPDATE YOUR INFORMATION

Please Fill Out Completely and Thoroughly.

### Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

S. S. # \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Ph: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Ph: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: Male / Female Marital Status: M S D W Employed? Yes / No

Name of Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Reason for Visit Today:

\_\_\_\_\_

\_\_\_\_\_

### Insurance Information: PRIMARY

Insurance Name: \_\_\_\_\_ HMO PPO POS PRIVATE SELF PAY

Policy/ID/Claim#: \_\_\_\_\_ Group#: \_\_\_\_\_

Claims Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Eligibility/Membership Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Primary Person on Insurance: SELF SPOUSE PARENT OTHER

Name: \_\_\_\_\_ S.S. #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male / Female Employers Name: \_\_\_\_\_ PH: (\_\_\_\_)-\_\_\_\_-\_\_\_\_