



San Antonio  
**Hand to Shoulder**  
 Orthopaedic Center

Mark A. Katz, M.D.  
 9150 Huebner Road, Suite 162 • San Antonio, TX 78240  
 Tele (210) 259-8155 • Fax (210) 259-8182  
 www.sahandtoshoulder.com

Patient Information			
Name: Last	First	Middle	Date of Birth / /
Address	City & State	Zip Code	Phone ( )
Marital Status: Single Married	Sex Male Female	Student Yes No	Cell Phone ( )
Social Security #	Employer		Work Phone ( )
Email Address	Race & Preferred Language		
Preferred Pharmacy & Address			Pharmacy Phone ( )
Emergency Contact Information			
Name Last	First	Middle	Phone ( )
Primary Insurance Information			
Primary Insured Name: Last	First	Middle	Date of Birth / /
Primary Insurance	Primary ID #	Group #	Insured Social Security #
Secondary Insurance Information			
Secondary Insured Name: Last	First	Middle	Date of Birth / /
Secondary Insurance	Secondary ID #	Group #	Insured Social Security #
Worker's Compensation Insurance Information			
Work related problem? Yes No	Name of Employer		Phone ( )
Employer Address	City & State	Zip Code	
Case Manager's/Nurse's Name	Adjuster's Name	Phone ( )	Fax ( )

\_\_\_\_\_  
 Signature of Patient, Parent, Guardian or Personal Representative      Date \_\_\_\_\_

\_\_\_\_\_  
 Print Name of Patient, Parent, Guardian or Personal Representative      Date \_\_\_\_\_