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William H. Brown, III, M.D.  
Sports Hernias, Non Mesh Hernia Repair, Mesh Removal  
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DR.  
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### Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Referred By: \_\_\_\_\_

Insurance: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

I authorize my insurance company to pay to William H. Brown M.D., all benefits to which I am entitled for the services provided. This assignment is in effect until revoked in writing. I also authorize the release of any information necessary to secure payment. I understand that I am responsible for the costs if the insurance company does not pay. This office complies with HIPAA.

Email form to: [Office@Hernia-Surgeon.Com](mailto:Office@Hernia-Surgeon.Com)

Or fax to: 510 793 1320

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_