



OVERLAKE BREAST MRI Registration Form

Open Monday – Friday, 8am – 5pm PHONE 425-778-4042 TOLL FREE 866-778-2250 FAX 425-778-4073

EXAM OFFICE 1135 116th Avenue NE, Suite 250, Bellevue, WA 98004

BUSINESS OFFICE 19401 40th Avenue W, Suite 140, Lynnwood, WA 98036

See map and directions on p.2.

PLEASE FAX TO: OVERLAKE BREAST MRI 425-778-4073

Patient Information

Name: _____ Date of Birth: _____ SS Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Employer: _____ Referring MD: _____

Responsible Party Information (Complete this information if different than the patient information above)

Name: _____ SS Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____

Required Emergency Contact Information

Spouse Name: _____ Spouse Date of Birth: _____ Spouse SSN: _____
Spouse Employer: _____ Spouse Emp Phone Number: _____
Spouse Employer Address: _____
City: _____ State: _____ Zip: _____
(Nearest relative information requested in case spouse cannot be reached)
Nearest Relative Name: _____ Phone: _____

Accident/Injury Information

Is today's examination due to an injury? YES _____ NO _____ Date of injury: _____ / _____ / _____
If injury is job related, Work Comp Claim #: _____
Employer Name at time of injury: _____
Employer Work Comp Insurance: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Employer Phone Number: _____

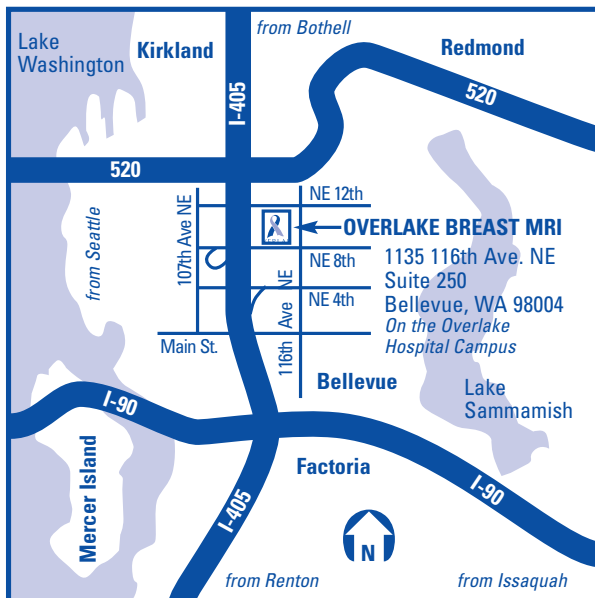
Insurance Information • PRIMARY

Insurance Name: _____ Policy ID Number: _____ Group Number: _____
 Policy Holder Name: _____ Relation to Patient: _____
 Policy Holder Employer: _____ Employer Phone Number: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____

Insurance Information • SECONDARY

Insurance Name: _____ Policy ID Number: _____ Group Number: _____
 Policy Holder Name: _____ Relation to Patient: _____
 Policy Holder Employer: _____ Employer Phone Number: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____

Signature of Patient or Representative: _____ Date: _____

Driving Directions

OVERLAKE BREAST MRI is located in the Overlake Breast Center at 1135 116th Ave. NE, Suite 250, in the Overlake Medical Tower on the Overlake Hospital Medical Center campus.

DIRECTIONS

Southbound Exit I-405 at NE 8th St. eastbound. Merge to the left lane and turn left (north) at the first stoplight onto 116th Ave. NE. Pass the first hospital entrance at the stoplight. Turn left into the North hospital campus entrance.

Northbound Exit I-405 at NE 4th St. Turn right on NE 4th St. and turn left on 116th Ave NE. Pass the first hospital entrance at the stoplight and turn left into the North hospital campus entrance.

From the airport Take I-5 northbound to I-405 northbound; then follow the directions for northbound.

Parking As you enter the North entrance, park in the North Parking Garage on your right. Take the elevator to the 2nd floor (street level), cross the driveway to the Medical Tower, go to the first suite on your left, Suite 250. Overlake Breast MRI is located in the Overlake Breast Center.

**OVERLAKE BREAST MRI Registration Form**

Open Monday – Friday, 8am – 5pm PHONE 425-778-4042 TOLL FREE 866-778-2250 FAX 425-778-4073

EXAM OFFICE 1135 116th Avenue NE, Suite 250, Bellevue, WA 98004

BUSINESS OFFICE 19401 40th Avenue W, Suite 140, Lynnwood, WA 98036