

**DURANGO REPRODUCTIVE
– PATIENT INFORMATION –**

Patient Last Name	First Name	Middle Name	Nickname
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Mailing Address	City	State	Zip Code
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Home Telephone	Work Phone	Cell Phone
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Email Address	Place of Employment
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Date of Birth	Age	Sex	Social Security #	Marital Status
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Partner's Last Name	First Name	Middle Name
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Partner's Date of Birth	Age	Sex	Social Security #
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Partner's Home Phone	Work Phone	Cell Phone
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IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY? Name/Telephone

Relative Not Living With You	Name	Relationship
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Relative's Address	City	State	Zip	Telephone
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Today's Date	Signature
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