

**Andy Fine, MD**  
**7720 S Broadway Suite G30**  
**Ph: 303-703-8583 Fax: 303-703-9791**

Last Name:		First:	MI
Street:		PO Box	
City:	State:	Zip +4	
Home Phone ( )		Work Phone ( )	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: / /	Age	Soc Sec # _____ - _____ - _____
RACE:		ETHNICITY:	PREFERED LANGUAGE:
Your Current Status? <input type="checkbox"/> Employed <input type="checkbox"/> Comp or disability <input type="checkbox"/> Retired Date _____ <input type="checkbox"/> Student <input type="checkbox"/> Other		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Employer (Current even if on DBL)		Job Position:	
EMAIL ADDRESS:		REFERRAL SOURCE:	

**Spouse or other Guarantor Information**

Last Name		First	MI
Street Write SAME if same as above		PO Box	
City	State	Zip +4	
Home Phone ( )		Work Phone ( )	
Your Current Status? <input type="checkbox"/> Employed <input type="checkbox"/> Comp or Disability <input type="checkbox"/> Retired Date _____ <input type="checkbox"/> Student <input type="checkbox"/> Other		Soc Sec # _____ - _____ - _____	
Employer	City	State	Zip
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthday: Mo _____ Day _____ Year _____	Age	