

UCR Health Centers Website Registration Attached

Today's Date: ___/___/_____

Patient Full Name: _____

Please indicate which department:

<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Chiropractic / Rehab	<input type="checkbox"/> Occupational Med
	<input type="checkbox"/> Massage <input type="checkbox"/> Acupuncture	<input type="checkbox"/> Worker's Comp
	<input type="checkbox"/> Auto Accident / PI Case	

Please circle the forms you are including in this fax:

Patient Registration	Patient Registration	OccMed Registration Form
Medical History	Medical History	TB Testing Questionnaire
Consent to Treat	Consent to Treat	Hepatitis B Vaccination
	Chiropractic Patient Form	
	Auto Accident Report	

Please check one:

- Chandler Location Fax Number: 480-855-0912
- Prescott Location Fax Number: 928-443-5104
- Mesa Location Fax Number: 480-969-5721