



**Lafayette General  
Medical Center**

Your Health.  
Your Hospital.  
Your Choice.

## CAMP BON COEUR SERVICES

Patient Name: \_\_\_\_\_

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

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

Doctor: \_\_\_\_\_

Blood Order Attached: Yes \_\_\_ No \_\_\_

Parent's Name: \_\_\_\_\_

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

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

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

LAFAYETTE GENERAL  
MEDICAL CENTER

BURDIN RIEHL  
AMBULATORY  
CARE CENTER

LAFAYETTE HEALTH  
VENTURES, INC.

GREATER LAFAYETTE  
PHYSICIAN-HOSPITAL  
ORGANIZATION, INC.

PRIMARY CARE MEDICAL  
SERVICES, INC.

HOME HEALTH

QUICK CARE

P.O. BOX 52009

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LAFAYETTE, LA 70505