

SCHAFFER, SCHONHOLZ & DROSSMAN, LLP

**PATIENT REGISTRATION FORM**

Have you been to our office before:  Yes  No If so, when? \_\_\_\_\_

Last Name: \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Cell Tel: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Sex: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

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

We only use email addresses for notifications pertaining to appointments. Please know that we do not share our patients' information with anyone. Thank you.

For ALL exams, first day of last menstrual period (if applicable): \_\_\_\_\_

Type of examination scheduled for today: \_\_\_\_\_

**IF YOU ARE A MEDICARE PATIENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Medicare Number: \_\_\_\_\_ Is Medicare your Primary Carrier:  Yes  No

Supplementary Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICARE GUIDELINES REQUIRE THAT ALL PATIENTS SUBMIT A REQUEST FROM THEIR REFERRING PHYSICIAN INDICATING THE EXAMINATION TO BE PERFORMED AND THE DIAGNOSIS NECESSITATING THE EXAMINATION(S)**

If Medicare is your secondary carrier (TEFRA) please provide us with your primary carrier's information:

Primary Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group \_\_\_\_\_

**NOTE: OUR FACILITY DOES NOT PARTICIPATE WITH MANAGED CARE OR COMMERCIAL INSURANCE PLANS. YOU WILL BE PROVIDED WITH A PAID STATEMENT YOU CAN SUBMIT TO YOUR CARRIER FOR REIMBURSEMENT ACCORDING TO YOUR PLAN'S GUIDELINES.**

If you require copies of your results (written report) to be sent to another physician in addition to your referring physician, please provide us with his/her name and address:

Dr.'s Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BREAST IMAGING PATIENTS ONLY:** Have you ever had a mammography before?  Yes  No

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

We advise our patients to submit outside images to us prior to the appointment. Have you provided us with those images so they are available to us today for comparison with the new study?  Yes  No

If not available today, please inform our receptionist and she will provide you with a release form for you to request your prior images from the outside facility where the examination was performed. Thank you.