

Dr. Stefano Militello and his staff would like to welcome you to the office.

Name: _____ Date of Birth: _____

Sex: ___ Single: ___ Married: ___ Other _____ Social Security No.: _____

Address: _____ City: _____ ZipCode: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Occupation: _____

Primary Care Physician: _____ Phone: _____

Who Referred you to the office: _____

What is your chief foot concern: _____

Who should we contact in case of an EMERGENCY: _____

Address for emergency contact: _____

Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Insurance Subscriber: _____ Date of Birth: _____

I HEREBY GIVE PERMISSION TO THE DOCTORS OF PREMIER FOOT & ANKLE TO ADMINISTER TREATMENT AND TO PERFORM SUCH MINOR OPERATIVE PROCEDURES AS MAY BE DEEMED NECESSARY, INCLUDING PHOTOGRAPHS, I THE DIAGNOSIS AND/OR TREATMENT OF MY FOOT CONDITION. I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS ANY CLAIMS AS REQUIRED BY MY HEALTH PLAN AND TO PAY THE ABOVE DOCTORS DIRECTLY.

Signature: _____ Date: _____