Lorrie G. Finelli, D.O., Inc.

723 FITZWATERTOWN ROAD
WILLOW GROVE, PENNSYLVANIA 19090
TELEPHONE (215) 706-4470
FAX (215) 706-4464

DERMATOLOGY
DERMATOLOGIC SURGERY

DATE: _____

PATIENT INFORMATION

☐ NEW PATIENT ☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ INSURANCE CHANGE ☐ OTHER_____

NAME _____

ADDRESS_____

CITY_____STATE _____ ZIP _____

HOME PHONE_____ CELL _____WORK_____

DATE OF BIRTH_____MALE__FEMALE__ SOCIAL SECURITY_____

PRIMARY PHYSICIAN_____PHONE_____

PHARMACY NAME_____PHONE_____

REASON FOR VISIT_____

LIST OF MEDICATIONS YOU ARE TAKING_____

_____

LIST ANY ALLERGIES TO MEDICATIONS_____

DO YOU HAVE: HIGH BLOOD PRESSURE: YES/NO DIABETES: YES/NO

LIST ANY MEDICAL CONDITIONS_____

LIST HISTORY OF SKIN CANCER OR SKIN CONDITIONS_____

FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES FOR SERVICES RENDERED TO ME INCLUDING THE BALANCE REMAINING AFTER INSURANCE BENEFITS.

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS DIRECTLY TO DR. FINELLI FOR PROFESSIONAL SERVICES.

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS MY CLAIM.

SIGNED_____DATE_____