

Patient Registration- 18+ years

MILESTONE PEDIATRICS

4043 S Rt 59, Naperville, IL 60564
(630)420-4275

PATIENT INFORMATION

Name: _____ Male/Female _____ Date of Birth ___/___/___
Address: _____ City: _____ State: ___ Zip: _____
Cell Phone: () _____ - _____ Ethnicity: _____

Primary Insurance Holder's Information

Name: _____ DOB: ___/___/___ SS#: _____
Address: _____ City: _____ State: ___ Zip: _____
Phone: () _____ - _____ Work: () _____ - _____ Employer: _____
Insurance Name: _____

Secondary Insurance Holder's Information (if applicable)

Name: _____ DOB: ___/___/___ SS#: _____
Address: _____ City: _____ State: ___ Zip: _____
Phone: () _____ - _____ Work: () _____ - _____ Employer: _____
Insurance Name: _____

Communication/Emergency Contact

If we are unable to reach you, is it okay to leave confidential information on your voicemail? YES NO

If yes, please list phone number: _____

Would you like to receive health information and/or reminders via email from our office? YES NO

If yes, please list an email: _____

In case of an emergency, who should we contact?

Name: _____ Relationship: _____ Phone: _____

Conditions for Disclosure

_____ The practice may disclose my medical information to the following individual(s) in my presence **and** when I am not physically present, including disclosures by telephone, voice mail, facsimile, e-mail, or regular mail.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Print Name: _____ Signature: _____ Date: ___/___/___

Annual Review &/or updated: Date: _____ Signature: _____

THE UNIVERSITY OF CHICAGO

Department of Chemistry
Chicago, Illinois

Dear Sirs:

I am pleased to inform you that your application for admission to the Ph.D. program in Chemistry has been accepted. You will be admitted to the program in the fall semester of 1954. Your advisor will be Professor [Name].