



BARRY I. GALITZER, MD, FAAD | SARI M. FIEN, MD, FAAD
NEWSHA LAJEVARDI, MD, FAAD | JOHN C. PERROTTO, DO | MARY V. ENDRESON, PA-C

Date: _____

Name (Last, First, MI): _____ Date of Birth: _____ Sex: _____

Street Address/Apt (Ins Has on File): _____ City: _____

State: _____ Zip: _____ E-mail*: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

How would you like to confirm your appointments?

Preferred Phone: Mobile Home Work Check ALL that apply: Voice Email Text

Employer: _____ Occupation: _____

Ethnicity: Not Hispanic or Latino Hispanic or Latino Decline to Specify

Race: _____ Decline to Specify Preferred Language: _____

Primary Care Physician (PCP): _____

***Your e-mail address will be used to provide you access to your medical records through our Patient Portal (Sadio) and for appointment reminders.**

- Please check the box **if you would like opt-out** of receiving e-mails regarding events, specials and promotions from our office. (Typically, not exceeding two e-mails per month)

Alternate Address (Summer/Winter/PO Box):

Street/Apt: _____ City: _____ State: _____ Zip: _____

For your convenience our office will send your prescriptions electronically.
Typically, your prescriptions will be available for pickup 1 hour after leaving our office.

Local Pharmacy of Choice: _____ Phone # or Cross Streets: _____

Mail Order Pharmacy of Choice (90+ Day Supply): _____

How did you hear about our practice:

____ Insurance _____ Twitter _____ Doctor: _____

____ Google _____ Instagram _____ Patient: _____

____ Yelp _____ Bus Bench _____ Printed Ad: River Walk The Golf/Yachting Almanac

____ Facebook _____ App _____ LA Fitness Other: _____