skincenter

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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.**

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 ☐ Pelican ☐ _____

_____ Facebook _____ App _____ LA Fitness ☐ Other: _____