

249 SOUTH SIXTH STREET

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GADSDEN, ALABAMA 35901

TELEPHONE (256) 546-4647

WELCOME TO OUR OFFICE

Please print all information.

Please answer all questions.

Patient Name: _____

Responsible Party Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Date of Birth: _____ (Month) _____ (Day) _____ (Year) Sex: M F (Circle one)

Social Security Number: _____

Place of Employment: _____

Primary Insurance: _____

Policy and Group Number: _____

Subscriber Name, Address, Date of Birth and SSN (if other than patient):

I understand that I am responsible for all charges not paid by insurance. (Must be 18 years old to sign):

Signature

Date

Signature

Date

Signature

Date

Signature

Date