

WELCOME TO THE OFFICE OF

SCOTT J. RATNER, M.D.

407 Franklin Avenue

Franklin Square, New York 11010

FOR OFFICE USE ONLY: CHART # _____ SOF/LOR _____

TODAY'S DATE: _____ REFERRED BY: _____

Who is your Primary Care Physician (PCP)? _____

Last Name: _____ First Name _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Male Female Date of Birth: _____ Social Security #: _____

Home Telephone #: _____ Cell Phone #: _____

Email address: _____ Preferred contact method: _____

Employer or School: _____ Employer or School Telephone #: _____

Marital Status: SINGLE ___ MARRIED ___ OTHER ___

IN CASE OF AN EMERGENCY - CONTACT NAME & TELEPHONE #: _____

~~INSURANCE INFORMATION~~

PRIMARY Insurance Company: _____

Address: _____ Policy #: _____

Group #: _____ Policy Holder's Name: _____ Relationship: _____

Policy Holder's DOB: _____ Employer: _____ Local/Union: _____

SECONDARY Insurance Company: _____

Address: _____ Policy #: _____

Group #: _____ Policy Holder's Name: _____ Relationship: _____

Policy Holder's DOB: _____ Employer: _____ Local/Union: _____

More information and services at www.sratnermd.com