

ZAHIR YOUSAF, MD, FCCP

NEW PATIENT PRE-REGISTRATION FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Office Location (please circle):   Huntingtown   Leonardtwn

Welcome to our office. Please fill out the attached forms and return them to our office at the time of your appointment. Things you will need to bring to your appointment include the following:

- All of your medications or a list of your medications and how you take them.**
- A copy of any x-ray reports, blood work, PFT, ABG's, allergy tests, CT's (chest and sinuses) etc., from your primary care doctor or from other physicians that you have had done recently that will help the doctor in your care.** Your primary care doctor can assist you with this and this information may be faxed by your primary care office or you may bring this information with you at the time of your appointment.
- Insurance referral if one is needed from your primary care doctor.** (Your primary care doctor or insurance company can tell you if you need an insurance referral.) You may also have this faxed by your primary care office or you may bring it with you at the time of your appointment.
- Your insurance card(s).** Please inform the receptionist if the insurance is in another name; i.e., your spouse's. If in spouse's name, please provide spouse's date of birth, social security number and place of employment (this information is needed for insurance purposes).
- Co-pay** will be due at the time of visit. If you are unsure whether or not you have a co-pay, please check your insurance card or ask you primary care physician or your insurance company (the number of your insurance company is on the back of your card). **WE ACCEPT CREDIT CARDS OR DEBIT CARDS: VISA, MASTERCARD AND DISCOVER .**
- A note from your primary care doctor as to the reason for your visit to our office.**

If you have any questions, please call us. We look forward to serving you.

Sincerely,

The Staff