

Nezhat Surgery for Gynecology / Oncology

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Patient Registration Information Welcome to Our Office

New Patient

Update

Email Address: _____

Date: _____

Patient Demographics:

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
Apt. #: _____ Home Phone: _____ DOB: ____ / ____ / ____
SS#: _____ Marital Status: S M D W Sep
Religion: _____ Cell Phone: _____

Patient Employment:

Occupation: _____ Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Ext. _____

Referring MD:

Name: _____ Address: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____ Ext: _____

Primary Insurance:

Insurance Co.: _____ Policy#: _____ Group#: _____ Subscriber's Last Name: _____
First: _____ MI: _____ Effective date: ____ / ____ / ____
Relationship to Patient: _____ Subscriber's Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Insurance Tel.#: _____
DOB: ____ / ____ / ____ SS#: _____

Secondary Insurance:

Insurance Co.: _____ Policy#: _____ Group#: _____ Subscriber's Last Name: _____
First: _____ MI: _____ Effective date: ____ / ____ / ____
Relationship to Patient: _____ Subscriber's Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Ext: _____ Insurance Tel.#: _____
DOB: ____ / ____ / ____ SS#: _____

Thank you for taking the time to provide us with an accurate medical history.

To protect patient privacy and confidentiality, we ask that you do not scan and email us these forms. If you need to share sensitive information, we can be reached by telephone, fax, or mail. Feel free to contact our office anytime at (646) 970-2737 or (516) 663-1365. We can be reached via fax at (866) 996-8415.