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Section 1: Please provide for my office to copy: 1. insurance card(s) 2. Driver's license 3. Credit Card

Section 2: Patient Information

Name _____

Address _____

Home phone number _____ Cell phone number _____

E-mail address _____

DOB _____ Age _____

Employer / School _____

Pharmacy Name & phone number _____

Section 3: In Case of an Emergency, who should we notify...

1. Name _____

Relationship _____

Home phone number _____ Cell phone number _____

2. Name _____

Relationship _____

Home phone number _____ Cell phone number _____

Sign _____ Date _____