## Advanced Gastroenterology of South Florida, PA

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## PATIENT INFORMATION

Last Name		First Name		DOB//
Address		_ City	State	Zip Code
Home Phone	Work Phone	Cell Phone		
SS# e mail add	lress			
Marital Status	ngle	l □ Divorced □ W	Vidowed	
Name of Employer	Occupation	l	Employer Phone	
Emergency Contact		_ Relationship _		Phone
Primary Care Physician		·	Phone	
Pharmacy Name	Phone			
Reason for the visit				
Insurance Name		INFORMATIO _ Member ID		
Group Number			Effect	tive date/
Subscriber's Name		DOB/	Relations	ship
Do you have an Advance Direc South Florida, PA at your earlie		, please provide a	a copy of it to	Advanced Gastroenterology of
An Advance Medical Directive ability to make decisions. Cons				
	CO	NSENT		
I authorize Dr. Karthik Mohan	to leave NORMAL test res	ults on my answ	ering service	YES NO
If I am not available to receive release this information to	my test results, I authorize	Advanced Gast	roenterology	of South Florida, PA to