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General Surgery
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Mufa Ghadiali, M.D., F.A.C.S.
Diplomate of American Board of Surgery
General Surgery • Laparoscopic Surgery • Surgical Oncology
Gastrointestinal Surgery • Thyroid Surgery
Hernia Surgery • Endoscopy

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Tel.: 954-292-1002
Fax: 954-252-2545

Patient Name: _____

Local Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email Address: _____

Permanent Address: _____

City/State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Marital Status: M S W D Spouse's Name: _____

Referred By: _____

Primary Care Physician: _____

Specialists: _____

Employer: _____ Occupation: _____

Address: _____ Phone: _____

Primary Insurance Co.: _____

Policy Number: _____ Social Security Number: _____

Secondary Insurance Co.: _____ Policy Number: _____

Emergency Contact Name: _____ Phone: _____

Address: _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor's office of any changes in my medical status or demographic changes. I also authorize the healthcare staff to perform the necessary services I may need. In addition, I authorize release of any pertinent information in optaining payment on my account.

_____ _____
Signature of Patient, Parent or Guardian Date