



WELCOME TO OUR PRACTICE



Rajeev Sehgal, DPM

Name of Patient _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Date of Birth _____ Age _____ Sex: Male Female

Check Appropriate Box Minor/Under 18 Single Married Separated Widowed Divorced

Employer _____ Work Phone # _____

Work Address _____

Name of Spouse _____ Name of Parent(if patient is a minor) _____

Spouse's Employer _____

Family Doctor _____ Date of Last Visit _____

Previous Podiatrist _____ Date of Last Visit _____

Name of Primary Insurance Policy _____

Name of the Person Responsible for this Account _____ DOB _____

Person Responsible's Social Security #: _____

Name of Secondary Insurance Policy _____

Name of the Person Responsible for this Account _____ DOB _____

How did you learn about our office? _____

What problems are you having with your feet? _____

Signature _____ Date _____

RAJEEV SEHGAL, DPM, FACFAS

Medical and Surgical Treatment of the Foot and Ankle

Dear Patient,

Please be advised that a tremendous amount of time and effort goes into the scheduling of your surgery:

1. Assembling all relevant paperwork.
2. Obtaining pre-operative medical clearance.
3. Completing all pre-operative, consent, and operative forms.
4. Faxing of all appropriate forms to surgery boarding offices and anesthesia services.

Unfortunately, recent events have forced us to charge a \$150.00 fee if you cancel your surgery. We apologize for this inconvenience.

By signing and dating the bottom of this letter, you are acknowledging that you understand and agree to pay the \$150.00 fee if you wish to cancel your scheduled surgery.

We are glad you chose our office to serve your foot and ankle needs. We strive to provide you with the best care possible.

Thank you,

Dr. Sehgal & Staff

Patient/Legal Guardian Signature

Date

Witness

Date