

ALLEGIANCE ORTHOPEDIC AND SPINE INSTITUTE, PLLC

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ATTENTION ALL PATIENTS:

OUR PRACTICE IS IN THE PROCESS OF TRANSFERRING OUR "PAPER CHARTS" INTO ELECTRONIC MEDICAL RECORDS. TO IMPROVE THE EFFICIENCY AND COMPLY WITH GOVERNMENT CENSUS REQUIREMENTS, WE ARE OBLIGATED TO ASK THE FOLLOWING QUESTIONS. PLEASE ANSWER ACCORDINGLY. THANK YOU FOR YOUR COOPERATION.

PATIENT NAME (PLEASE PRINT)

TODAY'S DATE

ETHNICITY (CIRCLE SELECTION)

MULTI-RACIAL	WHITE	WHITE/HISPANIC
HISPANIC	AFRICAN AMERICAN	ASIAN/ACIFIC ISLANDER
HAWAIIN NATIVE	AMERICAN INDIAN/ESKIMO	ALASKAN NATIVE

RACE (CIRCLE SELECTION)

HISPANIC OR LATINO	NON HISPANIC OR LATINO
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PRIMARY LANGUAGE (CIRCLE SELECTION)

ENGLISH	SPANISH	CREOLE	FRENCH
PORTUGUESE	RUSSIAN	ITALIAN	OTHER:

SECONDARY LANGUAGE (CIRCLE SELECTION)

ENGLISH	SPANISH	CREOLE	FRENCH
PORTUGUESE	RUSSION	ITALIAN	OTHER:

****PLEASE NOTE THAT****WE ARE REQUIRED TO E-PRESCRIBE CERTAIN MEDICATIONS. PLEASE PROVIDE US WITH YOUR SELECTED PHARMACY OF CHOICE.

PHARMACY:	PHONE:
ADDRESS:	CITY/ZIP: