

METROWEST PODIATRY SERVICES

42 Lincoln Street
Framingham, MA 01702
(508) 879-0811

65 Fremont Street
Marlboro, MA 01752
(508) 481-4535

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Marital Status: _____

D/O/B: _____ Your SS#: _____ Sex: Male Female

Email Address _____

Place of Employment: _____ Occupation: _____

Emergency Contact: _____ Phone No.: _____

Referred by: _____

Primary Care Physician (Full Name): _____ Phone Number: _____

Assignment and Release of Information statement: I certify that the information provided by me is correct. I hereby authorize the release of information related to my medical care as requested by government agencies and/or insurance carriers. I hereby assign benefits to the physician and understand that in the absence of accepted insurance coverage, I/legal guardian am responsible for full payment of services rendered.

Missed Appointments: Due to the expanding wait list for appointments we now require a 24 hr notice for appointment cancellations. There will be a fee charged of \$25 for all NO SHOW appointments and \$50 fee charged for all surgical procedure NO SHOW appointments. Thank you for your cooperation.

Signature: _____ Date: _____