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**MARY V. ENDRESON, PA-C**

Date: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address (Ins Has on File): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Decline to Specify

Race: \_\_\_\_\_ ☐ Decline to Specify Preferred Language: \_\_\_\_\_

**\*Your e-mail address will be used to provide you access to your medical records through our Patient Portal (Sadio) and for appointment reminders.**

- ☐ Please check the box if you would like to receive e-mails regarding events, specials and promotions from our office. (Typically, not exceeding two e-mails per month)

Alternate Address (Summer/Winter/PO Box):

Street/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For your convenience our office will send your prescriptions electronically.  
Typically, your prescriptions will be available for pickup 1 hour after leaving our office.**

Local Pharmacy of Choice: \_\_\_\_\_ Phone # or Cross Streets: \_\_\_\_\_

Mail Order Pharmacy of Choice (90+ Day Supply): \_\_\_\_\_

How did you hear about our practice:

_____ Insurance	_____ Twitter	_____ Doctor: _____
_____ Google	_____ Instagram	_____ Patient: _____
_____ Yelp	_____ Bus Bench	_____ Printed Ad: _____
_____ Facebook	_____ Other: _____	

**Thank you for choosing us for your dermatologic needs**