

## SUSAN ORHAN, M.D., F.A.C.O.G. JUDITH N. BROWN, D.O. JESSICA COCONATE, MSN, APN, FNP DARCY STEEL, MSN, APN, FNP

Obstetrics & Gynecology

1555 BARRINGTON ROAD DOCTOR'S BUILDING I, SUITE 410 HOFFMAN ESTATES, IL 60169 PHONE: (847) 781-1894 FAX: (847) 781-1895

The reason for my visit today is:	
☐ Prenatal Care	
☐ Post Partum Visit	
☐ My annual health maintenance check up. (breast and pelvic exam with a Pap Smear).	
☐ A problem-oriented visit:  My problem today is:	
Current Medications:	
Pharmacy Name:City/Street:	
Pharmacy Phone Number: ()	
The undersigned basely with size the 100 to	

The undersigned hereby authorize the staff to perform such services as deemed necessary by the physician to diagnose and treat my conditions. Further, I authorize assignment of my insurance rights and benefits directly to this provider and authorize the release of such information as is needed to process insurance claims. I have received the financial policy for Elite Women's Care and I understand that I am responsible for all charges which may include legal fees, collection fees or other expenses incurred by the provider to collecting my account. I hereby order all parties to accept a copy of this release and assignment in lieu of the original. This should remain in effect until revoked by me in writing.