

Vinu Ganti, M.D., P.C.

12800 Middlebrook Rd, Suite #204

Germantown, MD 20874

Patient Information

PATIENT NAME: LAST			FIRST	MIDDLE	DATE OF BIRTH		
STREET ADDRESS			APT #	CITY		STATE	ZIP CODE
OCCUPATION [] EMPLOYED [] RETIRED [] STUDENT		SOCIAL SECURITY#		MARITAL STATUS [] S [] M [] D [] W		SEX [] F [] M	PREFERRED PH. #
EMPLOYER INFO			EMAIL ADDRESS			ALTERNATE PH. #	
SPOUSE/ PARENT NAME				SPOUSE / PARENT WORK PHONE			
EMERGENCY CONTACT NAME				PHONE NUMBER			

Do you give Dr. Ganti & staff permission to leave voicemails that may potentially contain protected health information (i.e: laboratory/radiology results, billing information etc.) for you? **Please circle one.**

Yes | No

| Best Contact #:

If necessary, do you give Dr. Ganti & staff to contact you via email if we are unable to contact you otherwise? Please note; our email is not secured & HIPAA compliant and is not monitored regularly. This should not be used for communication otherwise. Any other communication necessary can be done via the patient portal. **Please circle one.**

Yes

|

No

Which is the **best** method for you to receive appointment reminders? **Please circle one.**

Phone call | Text Message Preferred Phone #: _____

x _____

Signature

x _____

Date