

Dr. Sherman Nagler, D.P.M.
Dr. Bryan Lee, D.P.M.
1200 Binz, Ste. 1275
Houston, Texas 77004

Patient Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone(____) _____ Work Phone(____) _____

Cellular Phone (____) _____ Alternative Phone (____) _____

Marital Status: S M D W Male _____ Female _____

Spouse's Name _____ Spouse's Date of Birth _____

Patient SS# _____ **Spouse's SS#** _____

Relationship to Insured Self Spouse Child Other

Work Status: Full Time __, Part Time __, Retired __, Unknown __

Incase of emergency: Name _____ Phone _____

If referred by a Doctor put the Doctor's name and the date last seen:

Doctor _____ Last seen on _____

Consent To Treat

I request and authorize the Physician and his staff to provide and to perform any procedures, which seem necessary.

Patient Signature

Date

Payment Authorization

I hereby authorize payment of insurance benefits to Dr. Sherman Nagler / Dr. Bryan Lee, and I authorize release of medical information about me to my medical Doctor's, and my insurance company and it's agents.

Patient Signature

Date