

## Brunswick Princeton Family Practice Office visit request form

1. Please fill out all details of this form. Accuracy, completeness and correctness is important
2. Fax, e-mail, or hand deliver the form back to us

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Patient's Insurance ID (group)#: \_\_\_\_\_

Home telephone number \_\_\_\_\_ work telephone number \_\_\_\_\_

cell phone number: \_\_\_\_\_

Three times and dates which would satisfy you for your office visit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical reason for your appointment: \_\_\_\_\_

**please call to confirm your appointment 48 business hours prior to your appointment date and time.**

**You must sign a statement (if you fax) or attested (if you e-mail) for us to accept and respond to your e-mails:**

I understand that e-mail is not secure. Nonetheless, I want Bradley H. Kline, D.O. to respond to my e-mails via an e-mail response. I further declare and assert that I take full responsibility, hold harmless and indemnify Dr. Kline if someone taps into our communication and in this way gains personal information concerning me, my healthcare, or any other personal and or confidential information. I further hold Bradley H. Kline, D.O. harmless and indemnify him, if by responding to me via e-mail, he violates any provisions, statues, or terms of the health care insurance and portability act, otherwise known as HIPPA.

**DO NOT** send e-mails for urgent matters. E-mails will be check within 4 business days.

I have read and understand the hipa statement from Dr Kline's office.

X \_\_\_\_\_ Date \_\_\_\_\_