

The Physicians and staff of Atlantic Foot and Ankle
would like to welcome you to our office today.

Patient Name: _____

We would love to know how you heard about us. Please mark one.

Friend _____

Healthfair _____

Your Insurance company _____

Seminar _____

Newspaper _____

Other _____

Physician (Please enter name here) _____

Internet _____

Phone Book _____

If you would like to obtain a copy of the attached HIPPA INFORMATION
to keep for your records, please ask one of the staff members at the
front desk.
