

Evans Gynecology, LLC
Niti Bhalla Carlson, M.D.
706-855-5510 · 706-855-7254, Fax

Last Name *First Name* *Middle Name* *Sex* *DOB* *Social Security #*

Address *City* *State* *Zip*

Mailing Address, if different than above *City* *State* *Zip*

Place of Employment *Employer's Phone #*

Home# *Cell #* *Email Address (required)*

Spouse Information (Parent if Minor)

Name (Last, First, MI) *Place of Employment* *Employer's Phone#*

Emergency Contact Information (Person not living with patient)

Name {Last, First, MI} *Phone #* *Address, City, State, Zip* *Relationship to patient*

Policy Holder's Primary Insurance Information

Company Name *Address, City, State, Zip* *Policy #* *Group#*

Policy Holder's Name *Policy Holder's Birth Date* *Relationship to patient*

Your Signature Below:

- Authorizes us to file your insurance and receive payment directly to this office
- Authorizes the release of any medical information necessary to process your claim
- Authorizes my provider's office to contact me by telephone to remind me of my appointments
- Authorizes electronic gathering of past Medication History & GRITS
- Authorizes electronic communication including text and email

Signature *Date* *Relationship to Patient*