



Dr. Craig Amshel
1046 Cypress Village Blvd, Sun City Center, Florida 33573 813-633-0081

Date: _____

Patient Name: _____ DOB _____

Female _____ Male _____ Social Security _____

Address: _____

Home Phone: _____ Cell : _____ Wk _____

OK to leave message? _____ Home _____ Cell _____ Both _____

Primary Care Physician _____

Referring Physician _____

Referring patient or family member: _____

Responsible Party Name: _____ Relationship _____

Primary Insurance _____ Group _____

Subscriber Id: _____ DOB _____

Secondary Insurance _____ Subscriber _____ Group _____

Emergency Contact _____ Phone: _____

Pharmacy: _____ Address: _____

Email: _____

- I have received a written copy of my patient rights and responsibilities
- I have received a copy of the office privacy practice