

Margaret Craig, M.D.
Obstetrics & Gynecology
(925)937-9357

Patient Information Record

PATIENT		Date of Birth
<input type="checkbox"/> Mrs. Name (First Middle Last)		Driver's License #
<input type="checkbox"/> Miss		_____
Home Address		Social Security #
City/State/Zip		Phone #
Email		Mobile Phone #
Employer		Marital Status
Work Address		Occupation
		Work Phone #
SPOUSE		Date of Birth
Name (First Middle Last)		Social Security#
Employer		Occupation
EMERGENCY CONTACT		
Name		Relationship
Address		Phone #
Who referred you to this office?		
RESPONSIBLE PARTY FOR PAYMENT		Date of Birth
Name (First Middle Last)		Social Security #
Home Address		Phone #
City/State/Zip		Mobile Phone #
Employer		Occupation
Work Address		Work Phone #
INSURANCE INFORMATION		
Primary Insurance Co _____		
Secondary Insurance Co _____		
I the undersigned, have insurance coverage with the above named carrier(s), and assign directly to Margaret Craig, M.D. all medical and /or surgical benefits including any major medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secur the payment of benefits.		
Date _____		Signature _____

Elizabeth Sivesind, PA-C, MS, Dr. Craig's physician assistant, provides laser treatment for hair removal, spider veins, rosacea, brown spots, and photofacials. We also offer Obagi Skin Care Systems for aging skin, acne, and uneven pigmented brown spots.

- _____ I would like to schedule a consult (no charge).
 _____ I would like more information.
 _____ I may be interested later. Please Email skin care specials _____
 _____ I have no interest.

A 24 hour cancellation is required or a \$25.00 fee will be charged.
 A \$25.00 fee will be charged for each disability form.
 A \$10.00 charge will apply to all co-pays not made at the time of visit.