

DocOnWheels



DR Alberico A. Zoino D.O.

Phone 954-889-6939

Fax 954-345-0374

<http://www.DocOnWheels.com>

drzoino@doconwheels.com

Patient Registration

Date: _____ Language Spoken: _____
Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone:(____) _____ Cell:(____) _____ Fax:(____) _____
Date of Birth: ____/____/____ SS Number: ____-____-____
Driver's License# : _____ State: _____ Expiration: ____/____
Private Physician Name: _____ Specialty _____
Address: _____
Telephone Number: (____) _____
Other Physicians/Specialty _____

Emergency Contact #1

Last Name: _____ First Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #2

Last Name: _____ First Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

Payment Method: Cash: _____
Credit Card: _____ #: _____
Exp. Date : _____ Security code (3/4Digits in Back): _____

DocOnWheels **DOES NOT FILE OR PROVIDE INSURANCE FORMS** of any type or method. You will get a receipt with a diagnosis that you (patient or responsible party) can file with the insurance company.

DocOnWheels Does Not Carry Medical Liability Insurance.

Signature of Patient or Guardian _____