Bruce Mayer, MD
7151 Richmond Rd, Building 4 Suite 403, Williamsburg, VA 23188
Phone: 757.566.2045 Fax: 757.741.2735

Patient Information

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Social Security _____

Male/Female _____ Married _____ Single _____ Widow/Widower _____

Cell Phone _____ Other Phone (specify) _____

Email _____

Preferred Pharmacy _____ Phone _____

Guarantor Information

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security _____

Cell Phone _____ Other Phone (specify) _____

Emergency Contact

Name _____ Relation _____

Cell Phone _____ Other Phone (specify) _____

I hereby consent to treatment by Bruce M. Mayer MD and/or his associates:

Signature _____ Date _____

I hereby assign my insurance benefits to be paid directly to Bruce M. Mayer MD. I understand that I am financially responsible for all charges not covered by the insurance. I also give Bruce M. Mayer MD permission to submit my medical claims/records to the insurance given, electronically / by paper.

Signature _____ Date _____