

Enter Dr. Office information below:



818 Forest Ave, Staten Island, NY 10310
TEL: 718-981-9000 FAX: 718-509-3578

Patient Enrollment Form

FOR OFFICE USE ONLY
CHARACTER:

NEBULIZER SERIAL #:

DO NOT ALTER OR CHANGE

Please fill out form clearly & completely.

Patient Name: _____ SEX: M F

DOB: ____/____/____ Diagnosis (ICD-10): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____

Parent Name Responsible for Payment: _____

Parent E-Mail address: _____

We are now accepting electronic payments. Please provide your E-Mail address to receive electronic invoice and receipts.



By signing below, I acknowledge that I have been provided a Spacer and that I authorize Enexia Healthcare to invoice me for the cost of services rendered. Spacers are not covered by insurance and I will be invoiced \$25 and responsible for the cost.

Signature of Patient or Authorized Representative

Date

**KINDLY FAX THIS COMPLETED FORM ALONG WITH THE PRESCRIPTION
TO 718-509-3578 OR 718-981-4191.**