

# Offices of Dr. Howard Furshman and Dr. Maureen Davis

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## General Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Chief Complaint \_\_\_\_\_

## Release of Assignment

I authorize release of any information necessary to process my insurance claims only. I also assign and request direct payment to my physician if I utilize Medicare or personal injury protection insurance.

X \_\_\_\_\_

## Non pregnancy (For women only)

I hereby notify all concerned that I neither suspect nor know positively at this time that I may be pregnant. I release this clinic from any and all damages arising from any and all procedure of diagnostic x-rays or treatment with reference to the possibility of pregnancy

X \_\_\_\_\_ Date \_\_\_\_\_