



RETINA SPECIALISTS

— OF SOUTHERN ARIZONA —

JOHN CHRISTOFORIDIS, M.D.
REID F. SCHINDLER, M.D.

3172 N SWAN ROAD, TUCSON AZ 85712
TEL: (520) 881-1400 | FAX: (520) 881-1418

Patient Registration Form

First Name: _____ Mi: _____ Last Name: _____

Date of Birth: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone (____) _____

Email Address: _____ Occupation: _____

Race: _____ Preferred Language: _____

Marital Status: _____ Spouse: _____

Referred by: _____ Phone: _____

Referring doctor's address: _____

Primary Medical Doctor Name: _____

Primary Medical Doctor Phone: _____ Fax: _____

Medical Doctor Address: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Medical Insurance (primary): _____

Medical Insurance (secondary): _____

Policyholder name and date of birth: _____

Policy No. _____ Group No. _____

Pharmacy Name: _____ Street: _____

Phone _____ City: _____

Please note that your medical information is protected under HIPAA regulations
and will be kept confidential.