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 Satellites: Berlin, Frederick, Randallstown, Salisbury  
 www.fittingsbymichele.com fittingsbym@hotmail.com

**PATIENT**

**NAME:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Circle Preferred Office for Visits: Pasadena Frederick Randallstown Salisbury Ocean Pines**

**Please provide us the following information:**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Which of these numbers do you prefer us to use? \_\_\_\_\_

May we leave a voicemail? \_\_\_\_\_ May we send a text message? \_\_\_\_\_

**Email Address:** \_\_\_\_\_

May we send an email to you regarding your appointment? \_\_\_\_\_

May we send an email regarding sales & new products? (3-4 times a year)? \_\_\_\_\_

**PRIMARY DIAGNOSIS/MEDICAL REASON FOR BILLING:** \_\_\_\_\_

Please select the areas of interest for which you would like to receive occasional emails from us:

- Bras, Breast Forms & Special Apparel – New Items & Sales
- Arbonne Skin Care, Cosmetics, Nutrition
- Lymphedema/Compression Garments

Fittings by Michele uses **SafeUnsubscribe™** which guarantees the permanent removal of your email address from Fittings by Michele list

Note: In each email you receive, there will be a link to unsubscribe or change your areas of interest. Your privacy is important to us - please read our [Email Privacy Policy](#).

**May we speak with another individual or member of your family regarding your health care &/or billing information if you are not available? If so, list name, relationship & phone if different than yours.**

\_\_\_\_\_

\_\_\_\_\_

I authorize release of information to Fittings By Michele for verifying insurance benefits and billing

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Date & initial changes for subsequent visits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special instructions for means of communication: