

TODD A. MOFFATT, MD SURGERY
1000 W. Hwy 6 Suite 410 Waco, TX 76712

Patient Information Sheet

Patient's Name _____ DOB _____
First Middle Last

Sex M / F SSN _____ Marital Status: Single/Married

Race _____ Ethnicity Hispanic / Not Hispanic

Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____

Referring Physician _____ Phone _____

Family Physician _____ Phone _____

Pharmacy _____

Subscriber's Name(who is primary holder on insurance) _____ DOB _____ SSN _____ Relationship _____

All Services, when appropriate, are due and payable, at the time of service. You may pay by cash, check, or credit card. We are happy to file your insurance claims for your reimbursement.

Email address: _____