

Shoes of Service Application 10.22.17

Applicant's Preferred Name:	First Name:	La:	st Name:
☐ Male ☐ Female Shoe Size:	Birth Date:	Age:	
School:			Grade:
Guardian's First Name:	Guardian's Last Name:	Relation	to Applicant:
Email: Address:	Cell Phone:		Home Phone:
Home Address:			
How did you hear about us?			
☐ Google Internet ☐ Word of Mouth	Social Media: Facebook	☐ Other:	
Magazine:	Newspaper:		
School:			
□ Da Vinci Foot and Ankle Contact: □ Other: □ Other: □ Health Insurance Portability & Accountability Act (HIPPA) In general, the HIPAA privacy rule gives individuals the right to request a restriction of their health information. The individual is also provided the right to request confidential communications or that a communication of PHI (Protected Health Information) be made by alternative means, such as, sending information to the individual's office instead of their home. It is our policy not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail and/or cell phone. However, we may confirm applicant approval and distribution logistics by telephone. Do we have permission to leave a message on the phone number(s) you have provided to us? □ Yes □ No			
Individual we may discuss shoe distribution with	ı:	Phone:	Family
Photography / Videography Agreement and Release Surgeons of Service, INC would like to have your permission to take and use your photos and/or taped video testimonial for media communications. Please sign this agreement, which will give us your permission to use pictures and/or video testimonials of you. By signing this you are giving our office permission to use the photographs and/or video testimonial for media communications.			
I hereby authorize the representatives of Surgeons of Service, INC to administer services as deemed necessary.			
Signature of Patient Responsible Party			