

**Pasadena Podiatry Group, A.P.C.**

**FOOT DOCTOR USA**

**Joseph T. Ferrante, D.P.M.**

65 North Madison Avenue, Suite 512, Pasadena CA 91101

Telephone: 626-577-0700

Fax: 626-796-3989

**Please provide us with an E-mail address for appointment reminders and to have access to your medical records:**

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

**Preferred Pharmacy**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address or Cross streets: \_\_\_\_\_

**Demographics requested by Medicare for Electronic Health Records:**

**Preferred Language:** English \_\_\_\_ or Spanish \_\_\_\_

**Ethnicity/ Race:**

American Indian or Alaska Native \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Decline to Specify \_\_\_\_\_

OFFICE USE ONLY

I attempted to obtain the patient's information concerning this Demographics Request, but was unable to do so as documented below:

DATE:	INITIAL:	REASON:
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