



Gary R. Bergman, MD \* Rick S. Ferris, DO \* Robin A. McGuire, DO  
Ingrid A. Wecht, MD \* Jennifer H. Gallagher, DO \* Emily McCormish, CRNP

Dear Patient,

On behalf of the entire staff here at Pittsburgh Gynob Inc., welcome to our practice! We very much look forward to working with you to meet all of your health care needs for many years to come.

Enclosed you will find a patient information sheet and a medical history form. Please fill these out prior to your appointment and bring them with you to your appointment along with your insurance card and copay. **IF INSURANCE CARD(S) AND COPAYMENT ARE NOT PRESENTED AT THE TIME OF APPOINTMENT, YOU WILL BE ASKED TO RESCHEDULE.**

### **INSTRUCTIONS**

Please answer questions 1 through 23 on the MEDICAL HISTORY FORM by checking the appropriate boxes and filling in the blanks. Please **DO NOT** write in the grey area, this is reserved for office use. You only need to fill out the front of this form.

The PATIENT INFORMATION SHEET includes questions regarding your address, phone numbers, work information, insurance information, etc. Please answer as thoroughly as possible. **If a Social Security number is not provided, we must have a valid credit card presented to take care of any unpaid balances.**

**PLEASE BRING THE COMPLETED FORMS WITH YOU TO YOUR APPOINTMENT.**

If you have any questions regarding these forms, please contact the office.

**If you are unable to keep this appointment, please call the office as soon as possible to cancel. Please note, there is a \$50.00 fee if you do not show for your appointment or cancel with less than 24 hour notice.**

**Please arrive with your completed paperwork 15 minutes before your scheduled appointment time to allow additional time required for registration.**

Thank You,  
The Physicians & staff

Allison Park	Bloomfield	Cranberry
3402 Route 8, Allison Park, PA 15101	4815 Liberty Avenue, Mellon Pavilion, Suite 141 Pittsburgh PA 15224	51 Dutilh Rd., Cloverleaf Commons, Suite 110 Cranberry Twp., PA 16066
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