

Jason D. Adams, M.D., F.A.C.O.G. 1943 South Burnside Avenue, Gonzales, LA 70737 [Phone] 225-647-2294 [Fax] 225-647-2295 [Web] www.acwh.net

Date:/			
Name:	last	Date of Birth:	/
Mailing Address:	last		
street	city	state	zip
Marital Status: M S D W		Spouse's Name:	
Home Phone: Work Phone	2:		
Cell Phone:	_ Soc Sec No	·	
E-mail address:			
Employer:		_	
Driver's License Number:	State:_		
Who is your Primary Care Physician?			
HOW DID YOU HEAR ABOUT OUR CLINIC?			
** We are pleased to offer a new patient service	e feature that all	ows us to communicate	with our patients through a secure
web-based $\underline{\mathbf{E}}$ lectronic $\underline{\mathbf{M}}$ edical $\underline{\mathbf{R}}$ ecord (EMR). The second representation of the	Γhis feature will	allow us to send you lab	results, appointment reminders,
patient education, and other important messages	to your personal	l email account and/or co	ell phone. There is even the
opportunity to have access to your secure EMR	on-line. We wou	ıld like all of our patient	s to take advantage of this unique
offer. If you would like to participate in this pro	cess, please sign	and date below:	

I hereby authorize that the above listed information, specifically, my email address and/or cell phone, are valid forms of communication for the above listed uses. Thank you for participating.

(Sign and Date here)