

Uzma H. Rehman, D.O.
Hand & Microvascular Surgery
Board Certified Orthopedic Surgery

43940 Woodward Ave
Bloomfield Hills, MI 48302
586-532-0803 (fax) 586-532-0883

43417 Schoenherr
Sterling Hgts., MI 48313
586-532-0803 (fax) 586-532-0883

Patient Name: _____ **DOB:** _____ **Date:** _____

Legislation has passed "Meaningful Use" which mandates that physician offices are required to maintain active lists for health problems, diagnoses, drug allergies and medications for patients to improve the safety and quality of care that patients receive, especially when patients receive care from multiple providers.

To meet federally mandated requirements we must ask you the following questions

1. Language (select one)

- English French German Italian Spanish
 Japanese Mandarin Cantonese Portuguese
 Russian Vietnamese Hindi

2. Contact Preference (select one)

- Mail Phone Fax Email _____

3. Race (select one)

- Hispanic or Latino Not Hispanic or Latino Unknown Declined

4. Pharmacy Preference

Pharmacy Name _____
Street Name _____ City _____