

Mohammad Waseem Kagzi & Ermil D. Wagner, D.O.

Gurnee Office

731 S. Illinois Route 21

Gurnee, IL, 60031

Phone: 847.855.9700 & 847.740.4300

Fax: 847.855.8990 & 847.740.9430

Patient Registration & Health Questionnaire

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SSN# _____

HOME# _____ CELL# _____

EMPLOYER _____ WORK# _____

E-Mail _____ BEST # TO REACH YOU _____

The Name of you PRIMARY CARE DOCTOR: _____

NAME OF PERSON REFERRING YOU _____

EMERGENCY CONTACT NUMBER

NAME _____ NUMBER _____

RELATIONSHIP _____

PREFERRED PHARMACY:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

Please provide us with ALL of your Insurance cards thank you.

I HEREBY AUTHORIZE PAYMENT TO MOHAMMAD W. KAGZI. ALL INSURANCE BENEFITS OTHERWISE PAYABLE TO ME FOR THE DATE SERVICE WAS RENDERED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES, WHETHER OR NOT PAID BY INSURANCE FOR ALL SERVICES RENDERED ON MY BEHALF OR THAT OF MY DEPENDENTS. I ALSO AUTHORIZE MOHAMMAD KAGZI OR ANY PROVIDER OR SUPPLIER IN THE OFFICE TO RELEASE ANY INFORMATION REQUESTED TO SECURE THE PAYMENT OF BENEFITS. I AUTHORIZE THE USE OF THIS SIGNATURE ON ALL INSURANCE SUBMISSION.

Signature _____ Date _____



Report of Medical Examination and Vaccination Record

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-693
OMB No. 1615-0033
Expires 02/28/2019

▶ **START HERE - Type or print in black ink.**



1. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

3. Other Information

A. Sex

Male Female

B. Date of Birth (mm/dd/yyyy)

C. City/Town/Village of Birth

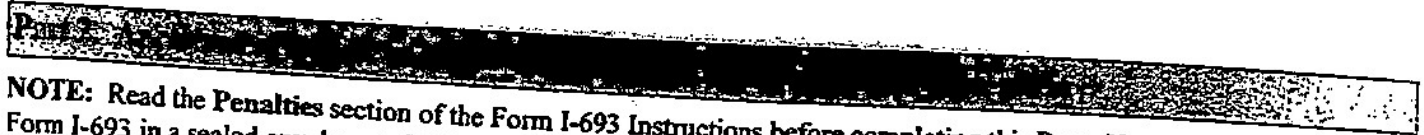
D. Country of Birth

E. Alien Registration Number (A-Number) (if any)

▶ A-

F. USCIS Online Account Number (if any)

▶



NOTE: Read the Penalties section of the Form I-693 Instructions before completing this Part. You must submit Form I-693 in a sealed envelope to USCIS as directed in the Form I-693 Instructions.

Applicant's Statement

NOTE: Select the box for either Item A. or B. in Item Number 1.

1. Applicant's Statement Regarding the Interpreter

A. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

B. The interpreter named in Part 3. read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.

Applicant's Contact Information

2. Applicant's Daytime Telephone Number

3. Applicant's Mobile Telephone Number (if any)

4. Applicant's Email Address (if any)