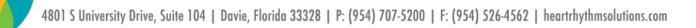
Awais K Humayun, MD, FACC, FHRS Cardiac Electrophysiology Excellence In Heart Care & Treatment



Patient Update Checklist

City ll □Work □Home □O PCP Phone: Fax: ()	:State/Zip other OK for messages? □ Y □ No
ll □Work □Home □O PCP Phone: Fax: ()	other OK for messages? □ Y □ No
PCP Phone: Fax: (
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er: Start Date:	
Spouse □*Child	□ *Other:
&/or Secondary also enter	Subscriber information:
Last name:	
	State/Zip:
DOB:	Sex: □ Male □ Female
Specialist Copay:	Deductible:
Phone: ()	Fax: ()
Physician Name:	
orginea matini for Disere	
	Ins. Co per: Ins. Co per: Spouse □ *Child <i>&/or Secondary also enter</i> Last name: City: City: DOB: Specialist Copay: Phone: () Physician Name: Reason(s):



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Patient Update Checklist

Changes to Medication, Dosages, and/or Medical Allergies:

Please enter any new medication information below

Medication	Dosage	Frequency

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