

**PATIENT REGISTRATION & HEALTH QUESTIONNAIRE**



NAME	MARITAL STATUS S   M   W   D   SEP	DATE OF BIRTH	DATE
STREET ADDRESS		CITY STATE, ZIP	
PHONE # - HOME ( )	WORK # ( )	OCCUPATION/ EMPLOYER	
SPOUSE'S NAME	DATE OF BIRTH	OCCUPATION/ EMPLOYER	PHONE # ( )
IF UNDER 18 PARENT / GUARDIAN			
EMERGENCY CONTACT (OTHER THAN SPOUSE)	PHONE # ( )	ADDRESS	RELATION
S.S. #	DRIVER'S LICENSE #	REFERRED BY	

**INSURANCE & BILLING INFORMATION**

BILLING NAME (IF OTHER THAN PATIENT)	RELATIONSHIP
BILLING ADDRESS	PHONE # ( )

**PAYMENT REQUIRED AT TIME OF SERVICE - UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**

<b>1) INSURANCE COMPANY</b>	ADDRESS	EFFECTIVE DATE
NAME OF INSURED	RELATION TO PATIENT	GROUP#
		BENEFIT CODE
		I.D.#
<b>2) INSURANCE COMPANY</b>	ADDRESS	EFFECTIVE DATE
NAME OF INSURED	RELATION TO PATIENT	GROUP#
		BENEFIT CODE
		I.D.#

MEDICARE I.D.#	MEDICAID I.D.#
OTHER COVERAGE	

**ASSIGNMENT OF INSURANCE BENEFITS**

I hereby authorize direct payment of surgical / medical benefits to Dr. \_\_\_\_\_ for services rendered by him / her in person or under his / her supervision. I understand that I am financially responsible for any balance not covered by my insurance.

**MEDICARE — MEDICAID**

I certify that the information given by me in applying for payment is correct. I request that payment of authorized benefits be made on my behalf.

*A photocopy of these assignments shall be as valid as the original.*

PATIENT NAME (please print) ..... DATE .....

PARENT / GUARDIAN (please print) ..... SIGNATURE .....

**HIPAA COMPLIANT**

For the treatment of osteoporosis in postmenopausal women, FOSAMAX increases bone mass and reduces the incidence of fractures, including those of the hip and spine (vertebral compression fractures). Dosing is 10 mg once daily or 70 mg once weekly. Osteoporosis may be confirmed by the finding of low bone mass (for example, at least 2 standard deviations below the premenopausal mean) or by the presence or history of osteoporotic fracture. (See CLINICAL PHARMACOLOGY, Pharmacodynamics.)

For the prevention of osteoporosis, FOSAMAX may be considered in postmenopausal women who are at risk of developing osteoporosis and for whom the desired clinical outcome is to maintain bone mass and to reduce the risk of future fracture. Dosing is 5 mg once daily or 35 mg once weekly. Bone loss is particularly rapid in postmenopausal women younger than age 60. Risk factors often associated with the development of postmenopausal osteoporosis include early menopause; moderately low bone mass (for example, at least 1 standard deviation below the mean for healthy young adult women); thin body build, Caucasian or Asian race; and family history of osteoporosis. The presence of such risk factors may be important when considering the use of FOSAMAX for prevention of osteoporosis.

FOSAMAX is contraindicated in patients with esophageal abnormalities which delay esophageal emptying (eg, stricture or achalasia) and in patients unable to stand or sit upright for at least 30 minutes. FOSAMAX is contraindicated in patients with hypersensitivity to any component of this product and in patients with hypocalcemia (see PRECAUTIONS). FOSAMAX, like other bisphosphonates, may cause local irritation of the upper gastrointestinal mucosa. **Please see accompanying Prescribing Information.**

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