



Dr. Eli Gluzman MD.
Adult & Pediatric Urgent Care

Patient Information

First Name: _____ Last Name: _____

Date Of Birth: _____ Age: _____ Sex: _____

Marital Status: Single Married Divorced Widowed

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Relationship: _____

I hereby declare that the information provided is true and correct. I understand that Valley Family Medicine Urgent Care does not accept any insurance and fees are due on the date that services are rendered. I agree that I am financially responsible for all the charges.

Patient Signature: _____ Date: _____