

RHEUMATOLOGY



**Charleston Area
Medical Center**

 **Vandalia Health**

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DR. SUZANNE GHARIB | DR. THOMAS HOWARD | DR. MICHAEL ISTFAN | MALEA SMITH, NP

Last Name: _____ First Name: _____ Middle _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____

DOB: _____ SS # _____ Marital Status: _____

Primary Care Physician: _____

Employer: _____ Phone: _____

Employer Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary Insurance: _____

Carried by: Self: _____ Spouse: _____ Parent: _____ Other: _____

Insured's Name: _____ DOB: _____ SS # _____

Secondary Insurance: _____

Carried by: Self: _____ Spouse: _____ Parent: _____ Other: _____

Insured's Name: _____ DOB: _____ SS # _____

Email: _____

Race: _____ Ethnicity: _____ Language: _____