

Gastroenterology Associates

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PATIENT: _____

DOB: _____ **DATE:** _____

The following is a list of numbers where I can be reached with information regarding my appointments; medical care, treatment, and/or test results:

1. _____ home _ work _ cell
_ you may leave a message regarding my appointment.
_ you may leave a message regarding my medical care, treatment or test results.
_ you MAY NOT leave a message

2. _____ _ home _ work _ cell
_ you may leave a message regarding my appointment.
_ you may leave a message regarding my medical care, treatment or test results
_ you MAY NOT leave a message

3. _____ _ home _ work _ cell
_ you may leave a message regarding my appointment.
_ you may leave a message regarding my medical care, treatment or test results
_ you MAY NOT leave a message

If you would like to receive test results through email, please list email address below:

Signature of Patient or Legal Guardian _____

8650 Sudley Road, Suite 410, Manassas, VA 20110 (703)368-6819 F(703)330-2923
402 Hospital Drive, Warrenton, VA 20186 (540)347-2470 F(540)349-4683
7915 Lake Manassas Drive, Suite 302, Gainesville, VA 20155 (571)248-0653 F(571)248-0658