



Advanced Internal Medicine of North Jersey, LLC

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Zhanna E. Branovan, M.D.

Libby Joffe M.D.

Date _____

To ensure that we, the office of Advanced Internal Medicine of North Jersey, give you the proper care we are required to have the following information. This information will be kept in a confidential file that will only be accessed by our employee's to retrieve your medical records, send prescriptions to your pharmacy, and to give you access to our online portal for your lab results. (Please note that some insurances require us to have an email address on file for our patients so even if it is not checked we must have one on file):

Also as a courtesy to our patients, bloodwork is drawn on the premises. Laboratory services are provided by Bio Reference. It is the patient's responsibility to know whether or not a specific lab is required for your insurance coverage. If a specific lab is required, you must notify the phlebotomist(person who draws the blood) which laboratory it needs to be sent to for processing.

Name of Pharmacy: _____

Town and State Pharmacy is located in: _____

Pharmacy Ph#: _____

Email Address: _____

Social Security Number: _____

Patient Signature _____

Patient Name _____