

HEMATOLOGY & ONCOLOGY CONSULTANTS OF PENNSYLVANIA, P.C.
101 Erford Road, Suite 101
Camp Hill, PA 17011
Phone 717-975-8900, Fax 717-975-9400

New Patient Chart Information

NAME: _____ DATE: _____

Do you have a living will: Yes No

If yes we would like to keep a copy in your chart. Please bring a copy with you at time of first visit.

Do you have a medical power of attorney? Yes No

If yes, who is your medical power of attorney? _____

Please provide us with a copy of the legal document for your chart.

Legal Next of Kin is: _____

	Name	Relationship

_____	Address	State, Zip
_____	City	

_____	Phone	

CONTACT IN CASE OF EMERGENCY:

1. _____

	Name	Relationship	Phone

_____	Address	City	State, Zip

_____	Patient Signature	Date	

PHARMACY OF CHOICE FOR PRESCRIPTIONS:

	Name	Address	City	State, Zip

_____	Phone	Fax		