



2793 Brownwood Boulevard  
The Villages, Florida 32163  
Phone: (352) 259-0151  
Fax: (352) 259-0413  
www.ASAFHC.com

309 La Grande Boulevard  
The Villages, Florida 32159  
Phone: (352) 750-1999  
Fax: (352) 750-1998  
www.ASAFHC.com

Edgar Rojas, MD  
Consulting Physician

Francis E. Neuzil, Jr., Ph.D., APRN-BC  
Board Certified Adult Medicine

**The Allergy, Sinus and Asthma Family Health Center  
Personal Information**

Today's Date: \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M/F \_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**PRIVACY AGREEMENT**

We respect your right to privacy. Be assured we make every effort to protect your confidential medical records. A copy of our privacy policies are available upon request, your signature below affirms you were told about our privacy policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read carefully**

In consideration for services rendered by Allergy, Sinus & Asthma Center, I hereby agree to release any information requested as needed by my insurance benefits. I further agree to be solely responsible for, and pay any balance my insurance company doesn't pay.

Signature of person responsible for paying bill: \_\_\_\_\_