



FOOT CARE CENTERS OF PALM BEACH

IRA SPINNER, D.P.M.
ABPS Board Certified

PAULA DeLUCA, D.P.M.
ABPS Board Certified

10075 Jog Rd. Suite 208
Boynton Beach, FL 33437

Name _____ Date of Birth _____ Age _____

Home Address _____ City/Zip _____

Phone _____ Cell _____ Email: _____

Occupation _____ Name of Husband/Wife/Guardian _____

Primary Care Physician: _____

Other Physicians involved in your healthcare: _____

How did you hear about us? _____

Reason for you visit today: _____

Date of onset: _____

List any known allergies: _____

MEDICATIONS: Please list current medications/dosage/frequency:

I authorize the release of medical information necessary to process this claim also payment to government benefits either to myself or to the party who accepts assignment.

Date: _____ Signature: _____