



ORTHOPAEDIC ASSOCIATES OF ST. AUGUSTINE, PA.

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www.oastaug.com.

Name: _____ Account #: _____ Date: _____

Preferred Language:

English Spanish Other

Race:

American Indian Asian Black/ African American White
 Alaskan Native Pacific Islander decline

Ethnicity: Hispanic/Latino Not Hispanic/Latino decline

Pharmacy Preference:

Name _____

Location _____

Phone _____

How would you like to be contacted?

Mail Phone E-mail

Request access to your records via our patient portal

Email: _____

*EMAIL ADDRESS REQUIRED for portal access

Smoking Status - for patients 13 years and up

every day some day's former smoker never smoked