

BANDER FAMILY MEDICAL

Bander Family Medical is required by CMS to report on the following items. Accounting on such items does not reflect the views of the practice. Please use the "refuse to report" option if you care to not participate.

Race: () American Indian () Asian () African American () Hispanic or Other
() White () Refuse to report (Check all that apply)

Ethnicity: () Latino or Hispanic () Non-Latino or Non-Hispanic () Refuse to report

Language: () English () French () German () Japanese () Mandarin () Russian () Spanish () Other
() Refuse to report (Check all that apply)

PRINT NAME: _____

Patient signature _____
Parent signature if under 18

Date of Birth: _____