N. Scott Ferguson, OD

479 Main Street Fryeburg, Maine 04037
207-935-3307
FAX 207-935-4002

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks below the line.

Last	First	Middle Int	Date of Birth	Marital Status
Mailing Address	City		State	Zip Code
Street Address If Different	City		State	Zip Code
Parent if Patient is a Minor	Emergency Contact Name and Number			
Home Number	Cell Number		Work/Daytime Number	
E-mail Address		Preferred Communication (Circle) Telephone E-mail Postal		
Employers Name		Occupation: Trade, Student, Retired, etc.		
*Preferred Language: English Spanish				
*Race: American Indian Alaskan Native Asian African American Hispanic Native Hawaiian Other Pacific Island White				
*Ethnicity Hispanic/Latino Native Hawaiian or Other Pacific Island Not Hispanic or Latino				
*Primary Care Physician			Phone	
Referred By:				
* Is required from the government for patients whose insurance company is paying for a service				