PATIENT REGISTRATION FORM

Annual Acknowledgment Addendum

Moskowitz Dermatology

This addendum confirms that the Patient Registration Form on file for this patient, including demographic, contact, and insurance information, has been reviewed and remains accurate. Each year, please print the patient name, confirm the date of birth, and have the patient or legal guardian sign and date below. If any information has changed, please complete a new Patient Registration Form instead.

Print Patient Name: _____ DOB: _____

Year	Signature of Patient or Legal Guardian	Date

This addendum accompanies and does not replace the signed Patient Registration Form on file.
This form may be typed and electronically signed, or printed and signed by hand.