



Care Team List

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*John W. Lunsford, M.D.
Jason E. Zinn, P.A.-C
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**(717) 637-5590
Jennifer A. Rein, M.D.**

Patient Name: _____

Date of Birth: _____ Date: _____

We are updating your chart once a year. To provide the best care for you and your family, it requires us to know any specialists you are currently receiving care from. We will update your chart and collaborate with your specialists to share information and contribute to the care of your healthcare needs.

Please fill this form out and return it to us. If you do not have a specialist, please write **N/A**. List the following information as best as you can.

Current Eye Care Professional: _____

Address: _____

Phone: _____ Fax: _____

(Women only) Current Gynecologist: _____

Address: _____

Phone: _____ Fax: _____

Current Endocrinologist: _____

Address: _____

Phone: _____ Fax: _____

Current Cardiologist: _____

Address: _____

Phone: _____ Fax: _____

Current Oncologist: _____

Address: _____

Phone: _____ Fax: _____

Current General Surgeon: _____

Address: _____

Phone: _____ Fax: _____

(Turn to Back Page)

Current Nephrologist: _____

Address: _____

Phone: _____ Fax: _____

Other: _____

Address: _____

Phone: _____ Fax: _____

Other: _____

Address: _____

Phone: _____ Fax: _____