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**Federal Government “Meaningful Use” Requirements**

As part of the Federal Government’s requirements for Electronic Medical Records,  
We are obliged to ask you for the following demographic information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity:                    Please check all that apply:  
                                     Hispanic or Latino  
                                     Not Hispanic or Latino  
                                     Multiple Ethnicity

Race:                         Please check all that apply:  
                                     American Indian or Alaska Native  
                                     Asian  
                                     African American  
                                     Native Hawaiian or Other Pacific Islander  
                                     White  
                                     Other Race

Preferred Language: \_\_\_\_\_

Preferred Method of Communication: \_\_\_phone \_\_\_mail \_\_\_email

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_