

Milagros G. Huerta, MD, FAAP

Pediatric Endocrine and Wellness Center, PA

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Patient's Name: _____ DOB: _____

Patient's SS#: _____ () Male () Female

Address: _____

City: _____ State: _____ Zip _____

School district: Miami Dade _____ Broward _____ Palm Beach _____

Mother's name: _____

Mother's address: () same as above

Mother's home phone: _____ Cell phone: _____ E-mail: _____

Mother's employer: _____ Work phone: _____

Father's name: _____

Father's address: () same as above

Father's home phone: _____ Cell phone#: _____ E-mail: _____

Father's employer: _____ Work phone#: _____

Insurance Co: _____ Policy holder's SS#: _____

Policy #: _____ Group #: _____

Policy holder: _____ DOB: _____

Address to file Claims: _____

Insurance Phone #: _____

Medical Information

Reason for visit: _____

Current medications (name only): _____

Pediatrician's Name: _____

Pediatrician's phone #: _____

How did you hear about us? _____