

*CENTER FOR WOMEN'S CARE AND
REPRODUCTIVE SURGERY
Gynecologic Endoscopic Surgery*

Thank you for downloading our new patient package. Please complete all patient information and bring with you on the day of your scheduled appointment.

We must be able to verify your insurance coverage so please remember to bring your current insurance card; otherwise you will be considered a self-pay. Your co-pay, deductible and co-insurance are expected at the time of your visit. We do accept Visa, MasterCard, Discover, debit cards, personal checks, (if local) and cash.

To avoid a rebooking charge, please provide a 24 hour cancellation notice.

If you would like to have any of your previous records sent to Dr. Lyons, please complete the Records Request form and mail it to your previous physician. You may make copies of the form.

Thank you for your interest in Dr. Lyons and the Center for Women's Care. We look forward to meeting you.

*1140 Hammond Drive, Bldg. F-6230
Atlanta, GA 30328
770-352-0037 or
toll free 888-545-0400*

Center for Womens Care and Reproductive Surgery

Thomas L. Lyons, M.D., M.S., FACOG
1140 Hammond Drive, Suite F-6230, Atlanta, GA 30328
PH: (770) 352-0037 FAX: (770) 391-0020

CONSENT TO RELEASE MEDICAL RECORDS TO DR. THOMAS L. LYONS

I, _____, hereby request all medical records be released to Dr. Thomas L. Lyons and the Center for Womens Care and Reproductive Surgery.

Name: _____

Address: _____

D.O.B.: _____ SS#: _____

Patient's Signature

Date of Signature

Signature of Witness

Relationship to Patient (if any)

Release Request Sent to:

Center for Womens Care & Reproductive Surgery

PLEASE PRINT

NAME
LAST _____ FIRST _____ MIDDLE _____

ADDRESS: _____
(Street) (City, State, Zip)

HOME TELEPHONE: (____) _____ WORK TELEPHONE: (____) _____

EMPLOYER: _____
(Name) (Occupation)

HOW DID YOU HEAR ABOUT DR. LYONS? _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

MARITAL STATUS: S M D W NATIONALITY: _____

SPOUSE NAME: _____ SPOUSE SS#: _____

INSURANCE #1: NAME OF INSURANCE CO. _____

MAILING ADDRESS FOR CLAIMS: _____

POLICY #: _____ GROUP #: _____

INSURED'S NAME: _____

INSURANCE #2: NAME OF INSURANCE CO. _____

MAILING ADDRESS FOR CLAIMS: _____

POLICY #: _____ GROUP#: _____

INSURED'S NAME: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is your responsibility to pay any deductible amount, coinsurance, or any other balance not paid for by your insurance.

OUR CHARGES FOR OFFICE VISITS ARE DUE AT THE TIME OF SERVICE.

Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Center for Women's Care and Reproductive Surgery's Notice of Privacy Policies detailing how my information will be used and disclosed as permitted by federal and state law. I understand the Notice, and to the extent necessary, I authorize disclosure of all my medical information with the following restriction(s):

This authorization will remain in effect until revoked by me in writing or to the extent action has already been taken. Further, I permit a copy of this authorization to be used in place of the original.

Moreover, I assign all medical/surgical benefits to be paid to Center for Women's Care and Reproductive Surgery for services furnished to me by their physicians or supplier.

Additionally, I authorize any holder of my medical information to release it to the Center for Womens Care and Reproductive Surgery without restrictions.

Signed: _____ Date: _____

If not signed by patient, please indicate relationship to patient (e.g., spouse)

Relationship: _____ Witness by: _____

NAME: _____

DATE: _____

FAMILY HISTORY

	Living		Deceased	
	Age	Health	Age	Cause
Father				
Mother				
Brother or Sister	1			
	2			
	3			
	4			
	5			
Husband				
Son or Daughter	1			
	2			
	3			
	4			

Has Any Relative Ever Had:	No Yes Who		
	Cancer		
Tuberculosis			
Diabetes			
Heart Trouble			
High Blood Pressure			
Stroke			
Epilepsy			
Suicide			
Mental Illness			
Hysterectomy			
Cesarean Section			
Kidney Trouble			

MENSTRUAL HISTORY

Age at Onset: _____

Regular? _____ Yes _____ No

Cycle: _____ Days (from start to start)

Usual Duration: _____ Days

Flow: _____ Light _____ Mod. _____ Heavy

Pains or Cramps? _____ Yes _____ No

Date of Last Period: _____

Birth Control: _____

PREGNANCIES (INCLUDE MISCARRIAGES)

YEAR	WEIGHT	SEX	HRS OF LABOR	ANESTHESIA	COMPLICATIONS

PERSONAL HISTORY

HAVE YOU EVER HAD:	NO	YES
German Measles		
Mumps		
Chicken Pox		
Scarlet Fever		
Diphtheria		
Pneumonia		
Rheumatic Fever		
Heart Disease		
Heart Murmur		
Polio or Meningitis		
Kidney Infections		
Gonorrhea, Syphilis/Herpes		
Anemia		
Jaundice		
Gallbladder Disease		
Epilepsy		
Migraine Headaches		
Tuberculosis		
Hepatitis		
Cancer		
High or Low Blood Pressure		
Nervous Breakdown		

Do You Now Have or Have Ever Had:	NO	YES
Any eye disease, injury, impaired sight		
Any ear disease, injury, impaired hearing		
Any trouble with nose, sinuses, mouth, throat		
Any head injury, fainting spells, convulsions		
Frequent or severe headaches		
Chronic or frequent cough		
Skin disease		
Chest pain or spitting up of blood		
Night sweats		
Shortness of breath		
Swelling of hands, feet, or ankles		
Varicose veins		
Kidney or bladder disease		
Indigestion, stomach trouble, or ulcer		
Rectal bleeding, constipation, or diarrhea		
Loss of urine with cough or sneeze		

Alcoholic Beverages: _____ Never _____ Mod. _____ Daily

Cigarettes: _____ packs per day

Surgery (What, When, Where): _____

Blood Transfusions: _____ No _____ Yes

What Medications Are You Now On: _____

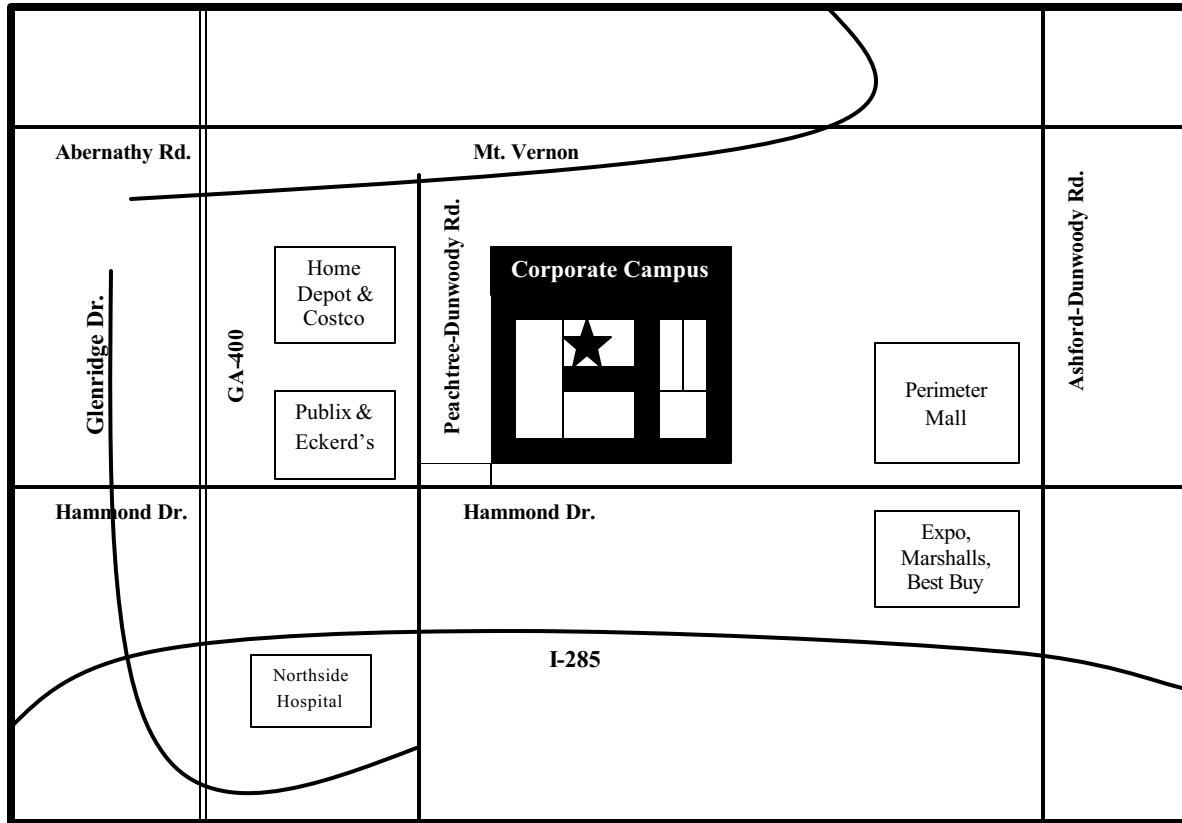
Allergies: _____

Complaint: _____

DIRECTIONS

to

Center for Womens Care & Reproductive Surgery



Center for Womens Care & Reproductive Surgery is located at:

1140 Hammond Drive
Building F, Suite 6230
Atlanta, GA 30328

(We are in the “Corporate Campus” office park.)

★ *Denotes Building F on the map*

Eastbound on I-285 coming from I-75, Cobb County— Exit Glenridge Drive. Turn left at the light, go to Hammond Drive and turn right. Go to Peachtree-Dunwoody Road and turn left. Corporate Campus (Office Park) is the first driveway on the right (across from the Eckerd’s and Comfort Suites).

Westbound on I-285 coming from I-85, DeKalb County—Exit at Peachtree-Dunwoody Road. Turn right at light. Go through two traffic lights the second one is Hammond Drive). Corporate Campus (Office Park) is the first driveway on the right (across from the Eckerds & Comfort Suites).

Southbound on GA-400 from Roswell and North Fulton— Exit at the Glenridge Connector and take a right at the light. Go until it dead-ends at Peachtree-Dunwoody Road. Take a left onto Peachtree-Dunwoody. Go about two miles to Hammond Drive, and continue through the Hammond Drive intersection. Corporate Campus (Office Park) is the first driveway on the right (across from the Eckerd’s and Comfort Suites).

Northbound on GA-400 from Atlanta—Exit at the Glenridge Connector and take a right at the light. Go until it dead-ends at Peachtree-Dunwoody Road. Take a left onto Peachtree-Dunwoody. Go about two miles to Hammond Drive, and continue through the Hammond Drive intersection. Corporate Campus (Office Park) is the first driveway on the right (across from the Eckerd’s and Comfort Suites).



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HOTELS

All medical rates and shuttle services are noted, where offered. Please call the hotels directly for details on these services. (No airport shuttles are offered by any of the hotels.)

Comfort Suites Hotel

6110 Peachtree-Dunwoody Road NE
(770) 828-0330
Medical rates available.

Fairfield Inn

1145 Hammond Drive
(770) 350-0000
Medical rates available.

Courtyard by Marriott

6250 Peachtree-Dunwoody Road
(770) 393-1000
Medical rates available/Limited shuttle service.

AmeriSuites

Perimeter Center
(770) 730-9300
Medical rates available/Limited shuttle service.

Doubletree Guest Suites

6120 Peachtree-Dunwoody Road NE
(770) 730-3120
Limited shuttle service.

Extended StayAmerica

905 Crestline Pkwy
(770) 396-5600
Medical rates available

Holiday Inn Express

765 Hammond Drive
(404) 250-4450
Medical rates available/Limited shuttle service.

TRANSPORTATION

From Hartsfield International Airport, you may choose to either rent a car, take a taxi, or ride the MARTA train to our office. MARTA is the city's public transportation system. Since taxi rides tend to be quite expensive here, many people choose to use this system when traveling to our office from the airport. You can actually catch the northbound MARTA train in the baggage claim area of Hartsfield Airport, then take it up to the Dunwoody station (Station N9), which is located just down the street from our office. Once you reach the Dunwoody station, you may either take a bus or taxi up to our office or to your hotel. [Walking is not suggested because it is a bit of a hike to come up the street, and the area is congested with traffic.]

Websites to check out:

www.thomasllyons.com --Dr. Thomas Lyons' Official Website

www.atlanta-airport.com --Guide to Hartsfield International Airport

www.itsmarta.com --Information about MARTA, Atlanta's Public Transportation System