

MATERNITY PRE-ADMISSION FORM

NAME (Last, First)		Sex		Birth Date		Maiden Name	
Street Address		City		County		State Zip	
Home Phone (Area & No.)		Birthplace		Marital Status		Race	
Health Care Proxy (Name & Phone No.)		US Citizen		Religion		Ethnicity	
Expected Delivery Date		OB/GYN Name & Phone No.		Date of Last Menstrual Period		Organ Donor Yes No	
Family Internist (Name and Phone No.)		Patient's E-mail:					

EMPLOYER INFO

Patients Employer Name	Employer Address	Phone No.
Occupation	Kind of Business	

NEWBORN FATHER'S INFO

Newborn Father's Name	Father's Birth Date	Father's Birth Place
Newborn Father's Occupation	Kind of Business	Father's Social Security No.

EMERGENCY CONTACT

Emergency Contact (Other than Spouse)	Relation to Patient	Address	Phone No.
Next of Kin	Relation to Patient	Address	Phone No.

INSURANCE INFORMATION

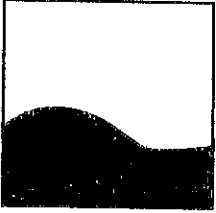
Medicaid No.	Cardholder Name
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PRIMARY

Policy No.	Group No.	Insurance Name	Insurance Phone No.
Subscriber's Name (Last, First)	Birth Date	Relation to Patient	Subscriber Social Security No.
Subscriber's Employer Name	Address	Phone No.	

SECONDARY

Policy No.	Group No.	Insurance Name	Insurance Phone No.
Subscriber's Name (Last, First)	Birth Date	Relation to Patient	Subscriber Social Security No.
Subscriber's Employer Name	Address	Phone No.	



CORD BLOOD EDUCATION RELEASE FORM

OBSTETRICS

GYNECOLOGY

GYNECOLOGIC SURGERY

Andre H. Saad, M.D., F.A.C.O.G.

Stephen E. Scaramitto, M.D.,
F.A.C.O.G., F.A.C.S.

Kerry Rut, D.O., F.A.C.O.G.

Terestia Santiago, M.D., F.A.C.O.G.

Lynda Piboon, M.D.

Kathleen Tullo, WHNP-BC

Brittany Aksnes, MS, PA-C

Toni-Marie Militto, MS, PA-C

Ashley Funes, MS, PA-C

Nicole Hakimi, MS, PA-C

372 Post Avenue
Westbury
New York 11590
tel 516.333.1444
fax 516.333.2725

82-12 151st Avenue
Howard Beach
New York 11414
tel 718.843.6300
fax 718.843.6334

109-33 71st Road
Suite 2G
Forest Hills
New York 11375
tel 718.263.1963
fax 718.268.6616

www.ilovemygyn.com



I Acknowledge that I have been informed about the option of preserving my newborn's umbilical cord blood for my family.

I wish to obtain additional information about my umbilical cord blood preservation and I fully understand this responsibility will be solely and completely my own.

I understand that a fee of 300.00 is charged for the collection and processing of cord blood. This fee is in addition to fees charged for the storage of the specimen. This fee must be paid by 36 weeks.

I wish to collect cord blood

I do not wish to collect and save cord blood

Patient Name (please print)

Patient Signature

Date

To obtain additional information about the benefits of umbilical cord blood preservation call the Education Hotline at 1-877-CORD FACTS.

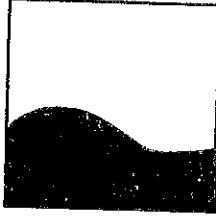
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2013, 2014, 2015

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THE
WOMAN'S
HEALTH
PAVILION



DIRECTIONS TO LONG ISLAND
JEWISH MEDICAL CENTER

Tour number to Katz Womens's Hospital
at Long Island Jewish Medical Center
718-470-5134

OBSTETRICS

GYNECOLOGY

GYNECOLOGIC
SURGERY

Andie H. Saad, M.D., F.A.C.O.G.

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From Long Island Expressway- Eastbound:

Take LIE East to Exit 33 (Lakeville Road) - Travel on service road and make right turn on Lakeville Road. Go south 1 mile; the hospital will be on the right.

From Long Island Expressway- Westbound:

Take LIE West to Exit 33 (Lakeville Road) - Travel on service road to 2nd traffic light, make left turn on Lakeville Road. Go south 1 mile; the hospital will be on the right.

From Grand Central Parkway/Northern State Parkway- Eastbound:

Take GCP/NSP East to exit 25 (Lakeville Road)- Turn right on Marcus Avenue, travel to traffic light and turn left on Lakeville Road. Go south 3/10 mile; the hospital will be on the right.

From Northern State Parkway- Westbound:

The NSP West to exit 25 (Lakeville Road) – Exit under the underpass and bear right around the cloverleaf heading south, go 3/10 mile, the hospital will be on the right.

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