



***Neurological
Orthopaedic
Rehabilitation
Total
Health***

Thank you for choosing the North Institute, office of Dr. John B. Logan, Dr. Donald D. Dietze, Jr., Dr. Susan J. Bryant-Snure, Dr. Richard P. Texada, Jr., Dr. Alan M. Weems and Dr. Michael A. Braxton. We would like to take this opportunity to welcome you and to familiarize you with some of our policies in order to make your registration process as pleasant as possible.

Enclosed are standard forms, which will become part of your permanent record with us. Please fill in the required information and bring your insurance card and picture ID on the day of your appointment. **Please also bring with you any pertinent medical records including the actual films studies (X-ray, MRI, CT Scans) that may have been taken.** It is imperative that our physicians have access to all available information at the time of your evaluation. **Please bring your prescription bottles with you to the appointment so that we may accurately document this information.**

Our staff routinely checks your insurance benefits and eligibility prior to appointments, however, your insurance contract is between you and your insurance company. Please be aware of your co-pay, deductible amount and referral requirements. These are patient responsibilities and are due at the time of your visit.

The North Institute is located on the 29301 N. Dixie Ranch Road, Lacombe, LA.

If you have any questions or concerns prior to your visit, please contact our office at (985) 871-4114.

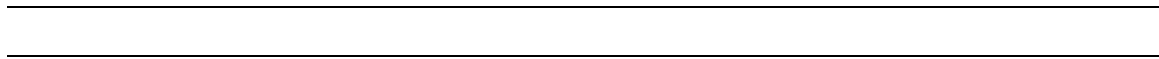
Our physicians and staff look forward to meeting you!

Dear Patients,

The North Institute uses practitioners as physician assistants to help you, the patient in the most time efficient manner.

Practitioners Arris Brunet, Lenzy Fisher and Mike Beninato are board certified with over 41 years of combined patient experience. Even during surgical procedures and throughout the day the practitioners remain in constant communication with your physician.

Please feel confident in knowing that although you may not see your surgeon at every clinic visit, he is directing your plan of care through the practitioner.



Driving directions from:

Mandeville/Covington – I-12 East towards Lacombe, exit 74. Go left over overpass. Take first right, N. Dixie Ranch Road, North Institute on left.

Slidell – I/12 West towards Lacombe, exit 74. Go right; take first right, N. Dixie Ranch Road, North Institute on left.

If you need further directions, please feel free to contact our office at (985) 871-4114.

**THE NORTH INSTITUTE
Registration Form**

Name _____ Home Phone _____

Cell Phone _____ Address _____

City _____ State _____ Zipcode _____

DOB _____ Sex M F Age _____ SS# _____

Employer _____ Work Phone _____ Occupation _____

Have any other family members been treated here? _____ If so, name _____

Referring Physician _____ Primary Care Physician _____

Is patient's condition related to: Work Injury? _____ Injury Date _____

Auto Accident? _____ Injury Date _____

Other Accident? _____ Injury Date _____

Is there an attorney involved in your case? Yes No If yes, name _____

Insurance Information

Primary Insurance _____ ID# _____

Policy Holder Name _____ SS# _____

DOB _____ Insured Employer _____

Secondary Insurance _____ ID# _____

Policy Holder Name _____ SS# _____

DOB _____ Insured Employer _____

If Patient Is A Minor

Father's Name _____ Mother's Name _____

DOB _____ Wk Phone _____ DOB _____ Wk Phone _____

SS# _____ SS# _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone _____ Relationship _____

I am giving permission for THE NORTH INSTITUTE to disclose my protected health information to the following:(example: Spouse, child, parent)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____



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NARCOTICS CONTRACT

By evidence of my signature, I promise to closely monitor my use of narcotics. I understand and agree to the following terms:

- ◆ I will not increase my medication dosage without first consulting my physician
- ◆ I will not share or sell my medication.
- ◆ I will receive these medications **only** from physicians of The North Institute.
- ◆ I will not be given medication refills or changes without an appointment.
- ◆ My physician and/or any covering physician is under no obligation to replace lost or stolen medication.
- ◆ I understand that prescriptions **cannot** be mailed to me.
- ◆ I understand that refills will not be given after 12:30 on Friday.

If I fail to abide by the agreements stated above, I will receive no more medication, and The North Institute reserves the right to discharge me from their care.

Print Full Name

Signature of Patient

Witness

Date