Welcome to Einstein Healthcare Network’s Center for Advanced Liver Disease and Transplantation. You are scheduled to see:

Dr.__________________________________________________________
on__________________________________________________________at_____ a.m. / p.m.

In our________________________________________________________office

Please arrive 15 minutes prior to your scheduled appointment time. This will give you a chance to complete any registration processes prior to seeing the physician.

Enclosed are directions to all of our locations, as well as other information.

Please be sure to bring the following items to your first appointment:

» Your insurance card(s)
» Photo ID
» Co-pay, if required by your insurance
» Referral, if required by your insurance
» Copies of blood tests, CT Scan, MRI and/or Ultrasound scan(s) and liver biopsy reports
» Completed questionnaire (enclosed)
» Your medications in the original bottles, or a list of your medications and dosages

Our registration staff will greet you and ask for your completed questionnaire and the items listed above.

A medical assistant will take you to an exam room, take your temperature, blood pressure, pulse and weight and review your questionnaire and medication list.

The doctor will review your medical history, examine you, and discuss next steps, including further testing if needed.

Once the visit is over, you will check out at the front desk. If a follow up visit is needed, it will be scheduled at that time.

If you have any questions, or need to reschedule your appointment, please call 215-456-8242, and we will be happy to assist you.
Center For Advanced Liver Disease And Transplantation

_____/_____/______
Today’s Date

PATIENT: ___________________________________    ______________________________     ________________
(Last Name) (First Name) (Middle Initial)

DATE OF BIRTH: ___/___/_____ AGE: _____ SOCIAL SECURITY #: ________________________________

ETHNICITY: ________________ RACE_______ MARITAL STATUS____ PREFERRED LANGUAGE: _____________

HOME ADDRESS: ___________________________________________________ APT #: _________________

CITY: _____________________________ STATE: _________________ ZIP CODE:____________________________

PHONE: HOME (_____)________________________________     CELL (_____)____________________________

EMAIL____________________________________________________________________________________________

OCCUPATION - IF WORKING

PLACE OF EMPLOYMENT: _____________________________________________________________________________

ADDRESS: _______________________________________________________________________________________

CITY: ____________________________ STATE: _________________ ZIP CODE:______________________________

PHONE: (_____)_____________________________________ EXTENSION: ________________________________

EMERGENCY CONTACT:

NAME: ___________________________________________________________________________________________

RELATIONSHIP TO YOU: ___________________________________________________________________________

ADDRESS: _______________________________________________________________________________________

CITY: ____________________________ STATE:________________ ZIP CODE:_______________________________

PHONE: (HOME) (_____)____________________________________________________________________________

PHONE: (WORK) (_____)

PHONE: ________________________________________ EXTENSION: ____________________________________
MEDICARE:
ID #:________________________________ Eff Date: __________________________

PLEASE CIRCLE ONE: PART A   PART B   BOTH

BLUE CROSS/BLUE SHIELD OF (CIRCLE ONE): PA   NJ   OTHER:__________________________

ID #:________________________________ Group #:__________________________________

PERSONAL CHOICE:
ID #:________________________________ Group #:__________________________________

MEDICAL ASSISTANCE:
State: _________________________ Recipient Number: ________________________________

HMO/PPO INSURANCE: INSURANCE COMPANY: ________________________________

ID #:________________________________ Group #:__________________________________

OTHER INSURANCE: INSURANCE COMPANY: ________________________________

ID #:________________________________ Group #:__________________________________
REFERRING PHYSICIAN

GASTROENTEROLOGIST (stomach doctor):

NAME: __________________________ ______________________________________________________
(First Name) (Last Name)

ADDRESS: ____________________________________________________________________________

CITY: _______________ STATE: ___________ ZIP CODE: ___________________________

PHONE #: (_____)__________________________________________________

FAMILY PHYSICIAN:

NAME: __________________________ ______________________________________________________
(First Name) (Last Name)

ADDRESS: ____________________________________________________________________________

CITY: _______________ STATE: ___________ ZIP CODE: ___________________________

PHONE #: (_____)__________________________________________________

OTHER PHYSICIANS YOU SEE REGULARLY:

#1 NAME: __________________________ __________________________________________________
(First Name) (Last Name)

PHONE #: (_____)__________________________________________________

#2 NAME: __________________________ ________________________________________________
(First Name) (Last Name)

PHONE #: (_____)__________________________________________________

#3 NAME: __________________________ ________________________________________________
(First Name) (Last Name)

PHONE #: (_____)__________________________________________________
**Medical and Social History Form**

Please fill out this form as completely as possible prior to your visit to our center. It will help us take care of you better and will ensure that nothing is left out of your visit that may be important for our recommendations.

### PAST MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-Vascular problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Hepatitis/Jaundice</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hepatitis/Jaundice as a child</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Blood Transfusions</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Problems with your eyes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Depression now or in the past</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Problems with your nerves</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Heart Attack</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Skin Problems</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Sexual Problems</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(Please explain any ‘Yes’ answers)*

### CURRENT OR RECENT SYMPTOMS

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly Tired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely Hungry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Loss</td>
<td></td>
<td></td>
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<tr>
<td>Weight Gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
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<tr>
<td>Pain in belly</td>
<td></td>
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<tr>
<td>Bleeding from rectum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swollen Legs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swollen Abdomen</td>
<td></td>
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<tr>
<td>Memory / Concentration Problems</td>
<td></td>
<td></td>
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<tr>
<td>Problems Sleeping</td>
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<tr>
<td>Rashles</td>
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<tr>
<td>Itching</td>
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<tr>
<td>Joint Pains / Swelling</td>
<td></td>
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<tr>
<td>Numbness / Tingling</td>
<td></td>
<td></td>
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<tr>
<td>Fevers</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety / Nervousness</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

*(Please explain any ‘Yes’ answers)*
### Past Surgeries

<table>
<thead>
<tr>
<th></th>
<th>Where</th>
<th>When</th>
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<tbody>
<tr>
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</tbody>
</table>

### Family History:

<table>
<thead>
<tr>
<th></th>
<th>Alive</th>
<th>Deceased</th>
<th>Cause of Death</th>
<th>Current Age or Age at Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
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<tr>
<td>Brother</td>
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<td>Brother</td>
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<td>Brother</td>
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<td>Sister</td>
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<td>Sister</td>
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<tr>
<td>Sister</td>
<td></td>
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</tr>
</tbody>
</table>

**Any Family History of Liver Disease?**

- [ ] Yes
- [x] No

If yes, please explain:

____________________________________________________________________________________

### Your Occupation:

- [ ] Full-Time
- [ ] Part-Time
- [ ] Disabled
- [ ] Retired
- [ ] Unemployed

### Social History:

- [ ] Married
- [ ] Divorced
- [ ] Widowed
- [ ] Never Married

### Children:

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
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<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>ALCOHOL USE</strong></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Yes</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>Yes</td>
</tr>
<tr>
<td>Rehab</td>
<td>Yes</td>
</tr>
<tr>
<td>AA</td>
<td>Yes</td>
</tr>
<tr>
<td>Legal Problems</td>
<td>Yes</td>
</tr>
<tr>
<td>Last Drink</td>
<td></td>
</tr>
<tr>
<td><strong>TOBACCO USE</strong></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoker</td>
<td>Yes</td>
</tr>
<tr>
<td>Packs per day</td>
<td></td>
</tr>
<tr>
<td>Last cigarette</td>
<td></td>
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<tr>
<td><strong>ILLEGAL DRUG USE</strong></td>
<td></td>
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<tr>
<td>Date of last use of illegal drugs</td>
<td></td>
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<tr>
<td>Drug Rehab</td>
<td>Yes</td>
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<tr>
<td>Cocaine use</td>
<td>Yes</td>
</tr>
<tr>
<td>Injected drugs into a vein</td>
<td>Yes</td>
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<tr>
<td><strong>TATTOOS</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>EXPOSURES</strong></td>
<td></td>
</tr>
<tr>
<td>Have you had any frequent exposure to chemicals or industrial products, fumes, solvents or other unusual substances?</td>
<td>Yes</td>
</tr>
<tr>
<td>If you answered “Yes” please explain:</td>
<td></td>
</tr>
<tr>
<td>Any travel and/or prolonged stays out of the country (including military duty)?</td>
<td>Yes</td>
</tr>
<tr>
<td>If you answered “Yes” please explain:</td>
<td></td>
</tr>
</tbody>
</table>
Medication and Allergy Record

Patient Last Name: ___________________________ First Name: ___________________________ Date of Birth: ______/_____/______ Today’s Date: ______/_____/______

Pharmacy Name: ___________________________ Pharmacy Phone Number: (_____) ______-___________

Please list your current medications including over the counter and herbal remedies.

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DOSE</th>
<th>HOW OFTEN DO YOU TAKE?</th>
<th>HOW LONG HAVE YOU TAKEN THIS MEDICATION?</th>
<th>REASON YOU TAKE?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

ARE YOU ALLERGIC TO ANY MEDICATIONS?  

- [ ] Yes  
- [ ] No

NAME OF MEDICATION(S) TO WHICH YOU ARE ALLERGIC

<table>
<thead>
<tr>
<th>NAME OF MEDICATION(S) TO WHICH YOU ARE ALLERGIC</th>
<th>DESCRIBE THE ALLERGIC REACTION YOU HAD TO EACH MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Any allergies to IV contrast?  

- [ ] Yes  
- [ ] No – If yes, please describe reaction: ________________________________

FOR OFFICE USE ONLY: Changes made to the Patient’s Medications. Patient provided with new medication list & copy sent to referring physician.

Physician Printed Name & Title: ___________________________  

Physician Signature: ___________________________  

_______/_______/_______  ______:_______  ○ AM  ○ PM

Date  

Time  

<table>
<thead>
<tr>
<th>MOST RECENT TESTING</th>
<th>WHERE</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>CT Scan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Liver Biopsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Upper Endoscopy (EGD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Mammogram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>PAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VACCINATION HISTORY</th>
<th>WHERE</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

____________________________  ____________________
Reviewed                     Date
Patient Notification of Choice for Pharmacy Services
Einstein Healthcare Network

Einstein Healthcare Network (Provider) has ordered a prescription for me. I have been informed that the Provider can fill this prescription for me. The Provider obtains these prescription medications from a pharmacy with which they have a contract. These medications will be delivered to me by the pharmacy indicated on this form.

- Elwyn Specialty Pharmacy
- Einstein Center One Pharmacy
- CCN (Coordinated Care Network) Pharmacy

I have been informed that I can choose any pharmacy and that I am not required to have the Provider fill this prescription.

I do / do not (please check appropriate line) choose to have the Provider fill this prescription. This form will stay in effect for future prescriptions unless I change my mind and inform the Provider.

Patient Signature_______________________________________________________________ Date________________

Printed Name______________________________________________________________________________________
Hepatitis C Patient Treatment Agreement

I have received, read and discussed with my doctor and/or nurse the written information provided about hepatitis C treatment. I understand the risks and benefits of treatment and what to expect. I know how to get the medications and equipment. I understand that interruptions to my treatment should be avoided in order to maximize the effectiveness of the treatment; therefore I must get my refills and take my doses on time.

I've been instructed and understand when and how to take the medications. I understand how to monitor myself, keep a diary and report side effects. I also understand my schedule for follow-up appointments and lab tests. I've had sufficient opportunities to ask questions and my questions have been answered to my satisfaction.

I understand that there is no guarantee that this treatment will cure my hepatitis C, but that is will improve my chances of being cured if I follow the doctor's orders exactly. I also understand that this treatment requires very close supervision by my doctor including frequent blood tests, physical examinations, dose adjustments, and sometimes even rescue therapy. I agree to have blood tests as directed, to keep my follow up appointments and to report symptoms or changes in my health immediately.

Due to the sensitivity of the hepatitis viral load measurement, I agree to use either Quest Diagnostics or LabCorp to have my blood drawn. I agree that upon completion of treatment, I will continue to have blood tests as ordered by my health care provider until he/she ceases follow up.

I understand that the safety of this treatment requires that I can be reached easily, and I agree that I will be reachable within 24 hours to discuss any concerns. I further understand that if I am not reachable, my treatment may be discontinued for safety reasons.

Oral birth control pills are not sufficient protection against pregnancy for persons on hepatitis C treatment. I understand that I must use two barrier methods of contraception while on treatment, and for 6 months after completion of treatment.

I also agree to report any of the following to my doctor/nurse without delay:

- Pregnancy
- Rash
- Fatigue, headache, nausea, insomnia, itching
- Increasing dizziness, rapid heartbeat or increased weakness

___________________________________________       _____/_____/______      ______:_______
Patient's Signature                                           Date                Time

________________________________________________________
Clinician’s Signature                                           Clinician’s Printed Name

_/_/____
Travel Directions

EINSTEIN MEDICAL CENTER MONTGOMERY CAMPUS
Minerva D. Braemer Medical Arts Building
609 West Germantown Pike, Suite 140
East Norriton, PA 19403

The Minerva D. Braemer Medical Arts Building is located on the Einstein Medical Center Montgomery campus, on the north side of the hospital, which is on the opposite side of the building from the main entrance. Once on the north side of the hospital, the Minerva D. Braemer Medical Arts Building is on your right. It has its own front entrance, and is also connected to the hospital by an enclosed walkway.

FROM LANSDALE & AREAS NORTH
» Head southwest on S Broad St toward Hector Alley
» Continue onto Schultz Rd, Continue onto Weber Rd
» Turn left onto PA-73 E/W Skippack Pike, Take the 2nd right onto Whitehall Rd.
» Turn left onto W Germantown Pike
» After 0.3 miles Einstein Medical Center Montgomery is located on the left.

FROM KING OF PRUSSIA & AREAS SOUTH
» Head west on Gen Armstrong Rd toward General Knox Dr.
» Take the 1st right onto General Knox Dr.
» Take the 2nd right onto W Valley Forge Rd.
» Turn right onto N Henderson Rd., Turn left onto Ross Rd.
» Slight left to merge onto US-202 N/Markley St., Continue onto Swede Rd.
» Turn left onto W Germantown Pike
» After 1.1 miles Einstein Medical Center Montgomery is located on the right.

FROM PENNSYLVANIA TURNPIKE – EAST & WEST
» Take Turnpike to Exit 333 (Norristown/Plymouth Meeting)
» Keep left at the fork, follow signs for Norristown
» Keep left at the fork, follow signs for Plymouth Rd.
» Turn left onto Plymouth Rd., Take the 1st right onto W Germantown Pike
» Slight right onto Germantown Pike
» After 3.6 miles Einstein Medical Center Montgomery is located on the right.

FROM PHILADELPHIA
» Take 76 West (Schuylkill Expressway) to Valley Forge.
» Take exit 329 for South Henderson Road N/South Gulph Road toward King of Prussia/Norristown.
» Slight right onto S Henderson Rd.
» Turn right onto E Dekalb Pike
» Turn right to stay on E Dekalb Pike
» Continue onto Dekalb St.
» Continue onto Dekalb Pike
» Turn left onto W Germantown Pike
» After 1.8 miles Einstein Medical Center Montgomery is located on the right.

If you have any questions, please call 215-456-8242
Travel Directions

EINSTEIN HEALTHCARE NETWORK - COLLEGEVILLE
Providence Town Center
100 Market Street, Suite 300, Multi-Specialty Providers
Collegeville, PA 19426

FROM LANSDALE & AREAS NORTH
» Follow PA-363 S/S Valley Forge Rd
» Turn right onto W Germantown Pike
» Turn right onto Pennsylvania 4031/Germantown Pike/Ridge Pike
» Quick left onto PA-29 S
» Follow approximately 2 miles and turn right onto Town Center Drive
» Quick Left onto Market Street and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

FROM READING & AREAS WEST
» Follow US-422E and take the exit toward Collegeville
» Turn left onto PA-29 N/S Collegeville Rd/Phoenixville Collegeville Rd
» Continue to follow PA-29 N/S Collegeville Rd
» Turn left onto Town Center Drive
» Turn left onto Market St and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

FROM PHILADELPHIA AND AREAS EAST
» I-76 W to exit 327-328A-328B for US-202 N/King of Prussia/W Chester/Pottstown
» Take exit 328A on the left to merge onto US-422 W toward Pottstown
» Take the PA-29 N exit toward Collegeville
» Turn right onto PA-29 N/S Collegeville Rd/Phoenixville Collegeville Rd
» Continue to follow PA-29 N/S Collegeville Rd
» Take the 1st left onto Town Center Dr
» Turn left onto Market St and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

FROM KING OF PRUSSIA & AREAS SOUTH
» Follow US-422 W via the ramp to Pottstown
» Travel 6.7 miles Take the PA-29 N exit toward Collegeville
» Turn right onto PA-29 N/S Collegeville Rd/Phoenixville Collegeville Rd
» Continue to follow PA-29 N/S Collegeville Rd
» Take the 1st left onto Town Center Dr
» Turn left onto Market St. and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

If you have any questions, please call 215-456-8242
Travel Directions

**THE PAVILION OF DOYLESTOWN HOSPITAL**
599 West State Street, Suite 100
Doylestown, PA 18901

FROM NJ & POINTS EAST
» From I-95 in NJ towards Pennsylvania. Take Exit #49, PA-332 (Newtown)
» Keep RIGHT at the fork and merge onto Newtown Yardley RD/ PA-332 W (which becomes the Newtown Bypass)
» Turn Slight Right onto Newtown Bypass/ PA-413 N.
» Turn Left onto Durham RD/ PA-413 N and Continue to follow PA-413 N.
» Continue on Route 202 through Lahaska and Buckingham. (Route 202 joins Route 611 South)
» Exit at Route 202 South (Norristown/State St) and Bear right off exit.
» Hospital is two blocks on left. Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

FROM POINTS NORTH
» Route 309 South to Route 313 East.
» Follow Route 313 East to Route 611 South
» Exit at Route 202 South (Norristown/State St) and Bear right off exit.
» Hospital is two blocks on left. Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

FROM POINTS WEST
» Take Route 202 North to Route 309.
» Cross Route 309 and continue straight on Upper State Road (approx 7 miles until it intersects at a “T” with Route 202. See 7-Eleven convenience store on the left.)
» Make a right onto 202 North and continue approximately 1.5 miles to the Doylestown Hospital entrance on left. Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

FROM PHILADELPHIA & POINTS SOUTH
» Take Route I-76 West to Route I-476 North
» Continue to Pennsylvania Turnpike. Follow turnpike directions listed below.

FROM PENNSYLVANIA TURNPIKE
» Take the Pennsylvania Turnpike to Exit 343 (Willow Grove).
» Bear right onto Route 611 North.
» Stay on Route 611 North (road will become bypass around Doylestown - stay left toward Easton)
» Exit at Route 202 South (Norristown/State Street).

Make a left at top of the ramp onto State Street. Hospital entrance is next driveway on left.
Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

If you have any questions, please call 215-456-8242
Travel Directions

SURGICAL ASSOCIATES PA
200 Banning Street, Suite 200
Dover, DE 19904

FROM WILMINGTON/PHILADELPHIA
» 95 South to Route 1 South (toward Dover/Beaches)
» Continue 30 miles and take the first Dover Exit (Exit 104-Scarborough Rd)
» After toll, continue through intersection crossing over Rt.13.
» Continue straight on Scarborough Road (this road will change names to McKee Road and then to Saulsbury Road)
» Cross over Rt. 8/Forrest Ave
» Turn left at the second light onto North Street/Hazelletteville Road.
» At the next light turn right onto Banning Street (Eden Hill Surgical Center)
» 2nd Floor, Suite 200 (Office of Surgical Associates PA)

FROM REHOBOTH/OCEAN CITY
» DE - Route 1 North, North on Route 13.
» Once in Dover, Delaware, turn left onto RT 8, also called Division Street. This road will turn into Forrest Street.
» Follow through downtown Dover and turn left onto Saulsbury Road.
» Turn left onto W North Street.
» Turn right at the next light onto Banning Street (Eden Hill Surgical Center)
» 2nd Floor, Suite 200 (Office of Surgical Associates PA)

FROM SALISBURY
» North on Route 13. Once in Dover, Delaware, turn left onto RT 8, also called Division Street. This road will turn into Forrest Street.
» Follow through downtown Dover and turn left onto Saulsbury Road.
» Turn left onto W North Street.
» Turn right at the next light onto Banning Street (Eden Hill Surgical Center)
» 2nd Floor, Suite 200 (Office of Surgical Associates PA)

If you have any questions, please call 215-456-8242
Travel Directions

GASTROENTEROLOGY ASSOCIATES OF DELAWARE
4745 Ogletown-Stanton Road
Medical Arts Pavilion 1, Suite 134
Newark, DE 19713

FROM 95 SOUTH
» Take exit 4B (Churchman’s Road).
» Go straight on Route 58/Churchman’s Road.
» At the 5th light, make a left onto the Christiana Hospital Campus.
» Make a right turn at the intersection and follow the signs for
  » Medical Arts Pavilion 1 (Two-story building attached to the hospital)
  » Suite 134 - Office of Gastroenterology Associates of Delaware
    (Located on first floor to the left, when entering the main entrance for Medical Arts Pavilion 1)

FROM ROUTE 7 SOUTH
» Turn right onto Route 4 West.
» At the 3rd light, make a left onto the Christiana Hospital Campus.
» Make a right turn at the intersection and follow the signs for
  » Medical Arts Pavilion 1 (Two-story building attached to the hospital)
  » Suite 134 - Office of Gastroenterology Associates of Delaware
    (Located on first floor to the left, when entering the main entrance for Medical Arts Pavilion 1)

FROM 95 NORTH
» Take exit 4N (Churchman’s Road).
» Cross over the bridge and exit at 166.
» Follow 58 West,
» Make a right onto Route 58/Churchman’s Road, and continue under the bridge.
» At the 3rd light make a left onto the Christiana Hospital Campus and follow the signs for Medical Arts Pavilion 1 (Two-story building attached to the hospital)
» Suite 134 - Office of Gastroenterology Associates of Delaware
  (Located on first floor to the left, when entering the main entrance for Medical Arts Pavilion 1)

If you have any questions, please call 215-456-8242
Travel Directions

VIRTUA INFECTIOUS DISEASE
VIRTUA HOSPITAL CAMPUS
Parking Section E - Health and Wellness Building
200 Bowman Drive, Suite 335
Voorhees, NJ 08043

FROM NORTH JERSEY
» New Jersey Turnpike (toll road) to Exit 4 - Route 73 South
» Stay on Route 73 South for 5.7 miles
» Once you cross Kresson Road-travel pass the first hospital entrance
» and proceed to Bowman Drive and make a Right (See sign - Hospital/ER)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Infectious Disease)

FROM I-295 SOUTH
» 295 South to Exit 36A (Mount Laurel) and Merge onto Route 73 South
» Follow Route 73 South for 7.5 miles
» Once you cross Kresson Road-travel pass the first hospital entrance
» and proceed to Bowman Drive and make a Right (See sign - Hospital/ER)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Infectious Disease)

FROM I-295 NORTH
» 295 North to Exit 32 – Route 561/Haddonfield-Berlin Road
» Make a Right at the light onto Haddonfield-Berlin Road
» Travel 1.5 miles to Evesham Road and make a Left
» Continue on Evesham Road 2.1 miles to Kresson Road and make a Right
» Note: you will pass 3 other Virtua buildings on way to Kresson Rd
» Follow Kresson Road to Route 73 South and make a Right
» Travel pass the first hospital entrance and proceed to Bowman Drive and
» make a Right (See sign - Hospital/ER)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Infectious Disease)

FROM SHORE POINTS
» Atlantic City Expressway West to Route 73 North
» Follow Route 73 North 14.1 miles to Bowman Drive and follow the “all turns” to
» make a left onto Bowman Road (Note: BJ’s Wholesale sign located at the turn)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Infectious Disease)

BUS ROUTE: Route 406 stops at the hospital. For more information, call New Jersey Transit at 1-800-772-2287

If you have any questions, please call 215-456-8242.
Travel Directions

EINSTEIN MEDICAL CENTER – CENTER FOR LIVER DISEASE
5401 Old York Road, Klein Professional Building, Suite 505
Philadelphia, PA 19141
Office Phone (215) 456-8242

PUBLIC TRANSPORTATION
Albert Einstein Medical Center is easily accessible by public transportation. SEPTA bus routes 6, 8, 18, 22, 26, 55, “C”, “L” and the Broad Street Subway (Orange) Line will all bring you to the Broad Street and Olney Avenue terminal, which is one block from Albert Einstein Medical Center. Call SEPTA at 215-580-7800 for route times.

PARKING
For self-parking in the Korman Parking Garage, turn into the hospital’s main entrance at Albert Einstein Drive. Turn right and follow signs to the garage on your left. After parking, follow signs in the garage to the main hospital or your specific destination. Valet parking is available at the main entrance in front of the Tower Building, at MossRehab’s main entrance and between the entrances of Willowcrest and the Marion-Louise Saltzman Women’s Center. There is ample on-street parking available as well.

DRIVING DIRECTIONS

FROM CENTER CITY PHILADELPHIA
Follow Broad Street (Route 611 North). Pass Somerville Avenue (5400 North), then turn right onto Albert Einstein Drive.

FROM SCHUYLKILL EXPRESSWAY (ROUTE 76)
Follow the Schuylkill Expressway (Route 76) to the Roosevelt Expressway (Route 1 North). Continue and exit at Broad Street (Route 611). Turn left on Broad Street (North), then follow directions above (from Center City).

FROM DELAWARE COUNTY
Township Line (becomes City Line Avenue). Follow to end of City Line Avenue and pick up Roosevelt Expressway (Route 1 North). Exit Roosevelt Expressway at Broad Street (Route 611). Turn left onto Broad Street (North), then follow directions above (from Center City).

FROM NORTHEAST PHILADELPHIA, BUCKS COUNTY AND PENNSYLVANIA TURNPIKE EXIT 28
Follow Route 1 South (Roosevelt Boulevard). After about 10 miles, watch for Adams Avenue. Important: Stay in outer lanes of Boulevard. Turn right onto Adams Avenue. Follow Adams Avenue for approximately 3/4 mile. Turn left at traffic light onto Tabor Road. Follow Tabor Road for approximately 2.2 miles. (You will pass 11th Street and see MossRehab on the left before reaching Old York Road). Turn left on Old York Road. Make a left turn into the hospital’s main entrance.

FROM EASTERN MONTGOMERY COUNTY
Take Route 309 South until the expressway ends. Turn left at Cheltenham Avenue. Stay to the right. Turn right at Broad Street (Route 611). Follow Broad Street South. After crossing Olney Avenue, move into the far left (turning) lane. Turn left onto Albert Einstein Drive into the hospital’s main entrance.

(continued)
Travel Directions

FROM NEW JERSEY TACONY-PALMYRA BRIDGE
Bridge leads onto Levick Street. Follow Levick to Roosevelt Boulevard (Route 1). Turn left onto Roosevelt Boulevard (Route 1 South). See directions from Northeast Philadelphia above.

FROM BENJAMIN FRANKLIN BRIDGE
Follow signs to Vine Street, then Schuylkill Expressway (Route 76) West. Follow directions from Schuylkill Expressway above.

FROM WALT WHITMAN BRIDGE
Bridge leads onto Schuylkill Expressway (Route 76) West. Follow directions from Schuylkill Expressway above.

FROM NEW YORK AND NORTHERN NEW JERSEY
Take the New Jersey Turnpike South to Exit 6- PA Turnpike. Follow the PA turnpike and take exit 26/339 Fort Washington. Take Route 309 South until the expressway ends, stay in the left lane, at the 3rd light turn left onto Cheltenham Avenue. Stay to the right. Just after passing a cemetery and the HESS gas stations, turn right onto Broad Street (Route 611). Follow Broad Street South. After crossing Olney Avenue, move into the far left (turning) lane. Turn left onto Albert Einstein Drive into the hospital’s main entrance. Follow above directions to the Korman Parking Garage.
Travel Directions

EINSTEIN CENTER ONE
9880 Bustleton Avenue
Suite 220
Philadelphia, PA 19115
(215) 827-1500

Einstein Center One is located on Bustleton Avenue between Bowler Street and Haldeman Avenue and is easy to reach by car or public transportation.

PARKING
For self-parking in the Korman Parking Garage, turn into the hospital's main entrance at Albert Einstein Drive. Turn right and follow signs to the garage on your left. After parking, follow signs in the garage to the main hospital or your specific destination. Valet parking is available at the main entrance in front of the Tower Building, at MossRehab’s main entrance and between the entrances of Willowcrest and the Marion-Louise Saltzman Women’s Center. There is ample on-street parking available as well.

PENNNSYLVANIA FROM CENTER CITY PHILADELPHIA
Take I-95 North to the Academy Road exit. Turn left on Grant Avenue. Turn right onto Bustleton Avenue (PA-532). Turn left into Einstein Center One’s parking lot.

FROM DELAWARE COUNTY
Take I-95 North to the Academy Road exit. Turn left on Grant Avenue. Turn right onto Bustleton Avenue (PA-532). Turn left into Einstein Center One’s parking lot. or Head north on City Line Avenue (Route 1 North). Follow signs for Roosevelt Boulevard (Route 1 North). Turn left onto Welsh Road (PA-532). Turn right onto Bustleton Avenue. Turn left into Einstein Center One parking lot.

FROM NORTHEAST PHILADELPHIA, BUCKS COUNTY AND PENNSYLVANIA TURNPIKE EXIT 28
Follow Roosevelt Boulevard South (Route 1). Turn right onto Red Lion Road (PA-63). Turn left onto Bustleton Avenue (PA-532). Turn right into Einstein Center One’s parking lot.

FROM EASTERN MONTGOMERY COUNTY
Take Pennsylvania Turnpike East (I-276 East) to Exit 28 Philadelphia/Trenton (Route 1). Keep right at the fork in the ramp and merge onto Route 1 South (Roosevelt Boulevard). Turn right onto Red Lion Road (PA-63). Turn left onto Bustleton Avenue (PA-532). Turn right into Einstein Center One’s parking lot.

NEW JERSEY FROM TACYONY PALMYRA BRIDGE
Bridge leads onto Levick Street. Make a slight right onto Harbison Avenue. Turn right onto Roosevelt Boulevard (Route 1). Turn left onto Welsh Road (PA-532). Turn right onto Bustleton Avenue. Turn left into Einstein Center One’s parking lot.

FROM BENJAMIN FRANKLIN BRIDGE
Follow signs to I-95 North. Take I-95 North to the Academy Road exit. Turn left onto Grant Avenue. Turn right onto Bustleton Avenue (PA-532). Turn left into Einstein Center One’s parking lot.

PUBLIC TRANSPORTATION
Einstein Center One is easily accessible by public transportation. SEPTA bus route 58 will bring you within a block of Einstein Center One. Call SEPTA at 215-580-7800 for route times.
ALBERT EINSTEIN HEALTHCARE NETWORK

AUTHORIZATION TO RELEASE
PROTECTED HEALTH INFORMATION

Patient Label (Name and Medical Record #)

 Patient Name
 Address

Date

City, State Zip Code

Home Phone Number

RELEASE OF INFORMATION TO:

Name/Organization:  Einstein Healthcare Network
5501 Old York Road
Klein Professional Building – Suite 505
Philadelphia, PA 19141
Office: (215) 456-8242 Fax: (215) 456-8058

INFORMATION TO BE DISCLOSED COVERING THE FOLLOWING PERIOD(S): (Must be Specific)
Specify Dates of Treatment:

PURPOSE OR NEED FOR THE DISCLOSURE IS:

☐ Continued Care ☐ Third Party/Insurance Review ☐ School Registration
☐ Legal Consultation ☐ Benefits Assignment ☐ Camp Registration
☐ Patient’s Own Use ☐ Other:

INFORMATION TO BE RELEASED:

☐ Designated Record Set/Abstract ☐ Discharge/Clinical Summary ☐ Immunization Record
☐ Operative Procedure Report ☐ Consultation Report(s) ☐ History & Physical Report
☐ Laboratory Report ☐ Pathology Report ☐ Radiology Report
☐ Emergency Record ☐ Other
☐ Entire Medical Record for Visit(s) specified above

EXPIRATION DATE:
Specify Date, event, or condition upon which this consent will expire unless revoked at an earlier date/time.

I understand that my records are protected under the Health Insurance Portability and Accountability Act, Federal Privacy Act, P.L. 93-575, the Federal Alcohol and Drug Abuse Act, P.L. 92-282, the Pennsylvania Mental Health Procedures Act, 1976 and the Pennsylvania Confidentiality of HIV Related Information Act, and therefore cannot be disclosed without my written consent unless otherwise provided for in the regulations. Under the Mental Health Act, this authorization expires one (1) month from the date of my signature. Under the Federal Alcohol and Drug Abuse Act, this authorization shall become void ninety (90) days from the date of my signature. In addition, I understand that I may revoke this authorization (except to the extent that action has been taken in reliance thereon) at anytime by written, dated communication to the Albert Einstein Healthcare Network and/or that my consent expires under the circumstance above. I understand that once copies of my information are provided, AEHN cannot prevent re-disclosure by the recipient.

I understand that any information disclosed in response to this request will not include information related to my treatment for AIDS/HIV, psychiatric care and treatment, treatment for drug and alcohol abuse unless specifically checked below:

☐ AIDS/HIV Information ☐ Psychiatric Care/Treatment ☐ Treatment for Drug and Alcohol abuse/abuse

Patient’s Signature

Signature of Parent/Legal Guardian/Legal Representative

Witnessed By

☐ Pick-up ☐ Mail ☐ Fax ☐ Prepaid ☐ Messenger

HIM Staff Completing Request:

0.00032-11 03/03 All Record Pickups will be held for 8 weeks only.