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Appointment Request Form

Please fax to 212-867-5731

We will attempt to contact you on the same day of your appointment request or the following business day. If this is an emergency, please go to the Emergency room.

Last Name _____

First Name _____

Date of Birth _____

Telephone _____

Other Telephone _____

Cellphone _____

email address _____

Are you a new patient? _____

Which doctor? (please circle) Dr. Hayashi Dr. Shimmyo First available

What day of the week? (please 1 or more)
 Monday Tuesday Wednesday Thursday Friday

What time? (9 to 3:30) _____

What is more important...day of the week, or time of day? _____

What is the best time and method to contact you? _____

Insurance plan (Please circle):

1199	GHI	PHCS
Aetna	Healthfirst 65 Medicare	Pomco
Atlantis	Healthnet	Tokio Marine and Fire
Americhoice Medicare	HIP	UHC
Beech Street	Medicare	VNS Medicare
Cigna	Multiplan	
Empire BC BS	Oxford	