1730-B Mt. Vernon Road
Dunwoody, GA 30338
(770) 353-2001 voice
(770) 353-2010 fax
contactus@dunwoodyurgentcare.com

CONSULTATION FORM

DATE: 12/12/2025

Patient: Eamon Bioler
S 2nd St
Lebanon, OR 97355
(602) 567-8765
04/30/1992

TO:

FROM: **DUNWOODY URGENT CARE**

DIAGNOSIS/ICD-10 code :

Reason for referral:

Please fax us a copy of your evaluation at the fax number above. Thank you!

Application Form for Registration of Clinical Establishments

I.ESTABLISHMENT DETAILS

1.**Name of the establishment**: _____

2.**Address**: _____
Village/Town:_____ Block:_____
District: _____State: _____ Pin code_____
Tel No (with STD code):_____Mobile: _____Fax : _____
Email ID : _____Website (if any): _____

3.**Month and Year of starting**: _____

(From 4 to 11 mark all whichever are applicable)

4. **Location:**
Rural Urban Metro
Notified / inaccessible areas (including Hilly / tribal areas)

5. **Ownership of Services**

Government/Public Sector
Central government State government Local government (Municipality, Zilla parishad, etc)
Public Sector Undertaking Other ministries and departments (Railways, Police, etc.)
Employee State Insurance Corporation Autonomous organization under Government

Non-Government / Private Sector
Individual Proprietorship Partnership Registered companies (registered under central/provincial/state Act) Society/trust (Registered under central/provincial/state Act)

6. **Name of the owner of Clinical Establishment:** _____
Address: _____
Village/Town:_____Block:_____District: _____State: _____ Pin code_____
Tel No (with STD code):_____Mobile: _____Fax : _____
Email ID: _____

7. **Name, Designation and Qualification of person in-charge of the clinical establishment**: _____
Qualification(s): _____
Registration Number: _____
Name of Central/State Council (with which registered): _____
Tel No (with STD code):_____Fax: _____Mobile: _____E-mail ID: _____ __

8. Systems of Medicine offered: (please tick whichever is applicable)
Allopathy Ayurveda Unani Siddha Homoeopathy Yoga Naturopathy Sowa-Rigpa

9. Type of establishment :(please tick whichever is applicable)

(I).**Clinic (Outpatient)**

- Single practitioner
  (Consultation services only/with diagnostic services/with short stay facility)

- Poly clinic
  (Consultation services only/with diagnostic services/with short stay facility)
- Dispensary
- Health Checkup Centre

(II). Day Care facility

Medical Surgical Medical SPA Wellness centers (where qualified medical professionals are available to supervise the services).

(III). Hospitals including Nursing Home (outpatient and inpatient):

- Hospital Level 1 a
- Hospital Level 1 b
- Hospital Level 2
- Hospital Level 3 (Non teaching)
- Hospital Level 4 (Teaching)

(IV). Dental Clinics and Dental Hospital:

a. Dental clinics

i. Single practitioner
ii. Poly Clinics (dental)

b. Dental Hospitals (specialties as listed in the IDC Act.)

i. Oral and maxillofacial surgery
ii. Oral medicine and radiology
iii. Orthodontics
iv. Conservative dentistry and Endodontics
v. Periodontics
vi. Pedodontics and preventive dentistry
vii. Oral pathology and Microbiology
viii. Prosthodontics and crown bridge
ix. Public health dentistry

(V).Diagnostic Centre

A. Medical Diagnostic Laboratories:

Pathology Biochemistry Microbiology
Molecular Biology and Genetic Labs Virology

B. Diagnostic Imaging centers

i. Radiology

- General radiology
- Interventional radiology

ii. Electromagnetic imaging

- Magnetic Resonance Imaging (MRI),
- Positron Emission Tomography (PET) Scan

iii. **Ultrasound**

C. Miscellaneous

- Electro Cardio Graphy(ECG)
- Tread Mill Test
- Electro Encephalo Graphy(EEG)
- Mammography
- Echocardiography
- Electro MyoGraphy (EMG)
- Electrophysiological studies

D. **Collection centers**

For the clinical labs and diagnostic centres shall function under registered clinical establishment

Yes/No

if Yes, then No of Collection Centre: ☐

(VI). Allied Health professions:

- Audiology
- Behavioral health (counseling, marriage and family therapy etc)
- Exercise physiology
- Nuclear medicine technology
- Medical Laboratory Scientist
- Dietetics
- Occupational therapy
- Optometry
- Orthoptics
- Orthotics and prosthetics
- Osteopathy
- Paramedic
- Podiatry
- Health Psychology/ Clinical Psychology
- Physiotherapy
- Radiation therapy
- Radiography / Medical imaging
- Respiratory Therapy
- Sonography
- Speech pathology

(VII) AYUSH

Ayurveda

Ausadh Chikitsa Shalya Chikitsa Shodhan Chikitsa Rasayana Pathya Vyavastha

Yoga

Ashtang Yoga

Unani

Matab Jarahat Ilaj-bit-Tadbeer Hifzan-e-Sehat

Siddha

Maruthuvam Sirappu Maruthuvam Varmam Thokknam & Yoga

Homoeopathy

General Homoeopathy

Naturopathy
External Therapies with natural modalities Internal Therapies

II.TYPES OF SERVICE

- **TYPE**

General Practice Services
Single Specialty Services
Multi Specialty Services (including Palliative care Centre, Trauma Centre, Maternity Home - applicable for hospitals only)
Super Specialty Services

- **SPECIALITY SPECIFIC**

Medical Specialties – for which candidates must possess recognized PG degree (MD/Diploma/DNB or its equivalent degree)

i. Anesthesiology
ii. Aviation Medicine
iii. Community Medicine
iv. Dermatology, Venerology and Leprosy
v. Family Medicine
vi. General Medicine
vii. Geriatrics
viii. ImmunoHaematology and Blood Transfusion
ix. Nuclear Medicine
x. Paediatrics
xi. Physical Medicine Rehabilitation
xii. Psychiatry
xiii. Radio-diagnosis
xiv. Radio-therapy
xv. Rheumatology
xvi. Sports Medicine
xvii. Tropical Medicine
xviii. Tuberculosis & Respiratory Medicine or Pulmonary Medicine

Surgical specialties - for which candidates must possess, recognized PG degree (MS/Diploma/DNB or its equivalent degree)

i. Otorhinolaryngology
ii. General Surgery
iii. Ophthalmology
iv. Orthopedics
v. Obstetrics & Gynecology

Medical Super specialties –
i. Cardiology
ii. Clinical Hematology including Stem Cell Therapy
iii. Clinical Pharmacology

iv. Endocrinology
v. Immunology
vi. Medical Gastroenterology
vii. Medical Genetics
viii. Medical Oncology
ix. Neonatology
x. Nephrology
xi. Neurology
xii. Neuro-radiology

Surgical Super-specialities-

i. Cardiovascular thoracic Surgery)
ii. Urology
iii. Neuro-Surgery
iv. Paediatrics Surgery.
v. Plastic & Reconstructive Surgery
vi. Surgical Gastroenterology
vii. Surgical Oncology
viii. Endocrine Surgery
ix. Gynecological Oncology
x. Vascular Surgery

III INFRASTRUCTURE DETAILS

10. **Area of the establishment** (in sqft):
a) Total Area: _____b) Constructed area: _____

11. **Out Patient Department:**
11.1 Total no. of OPD Clinics: _____

11.2 Specialty-wise distribution of OPD Clinic

S.No.	Specialty

12. **In Patient Department:**
12.1. Total number of beds: _____
12.2. Specialty-wise distribution of beds, please specify:

S.No.	Specialty	Beds

13. **Biomedical waste Management**
13.1 **Method of treatment and /or disposal of Bio-medical waste**
☐ Through Common Facility ☐ Onsite Facility
☐ Any other (please specify): _____

13.2.**Whether authorization from Pollution Control Board/Pollution Control Committee obtained**?

☐ Yes ☐ No ☐ Applied For ☐Not Applicable

IV HUMAN RESOURCES

14. **Total number of Staff (as on date of application):**

No. of permanent staff:_____ No. of temporary staff: _____

Please furnish the following details:-

Category of staff	**Name**	**Qualification**	**Registration No**	**Nature of service Temporary/ Permanent**
Doctors				
Nursing staff				
Para-medical staff				
Pharmacists				
Administrative staff				
Others, please specify				

Separate annexure may be attached.

Support Staff

Category	Total no.	Remark

15. **Payment options for Registration Fees:**

☐ Online payment☐ Demand Draft Bank Challan

Amount (in Rs):_____

Details: _____

Receipt No._____

I,. .....on behalf of myself and the company/ society/association/body hereby declare that the statements above are correct and true to the best of my knowledge and I shall abide by all the provisions made under the Clinical Establishment (Registration and Regulation) Act 2010.

I undertake that I shall inform the DistrictRegistering Authority of any changes in the particulars given above.

I shall comply with the minimum standards prescribed under Clinical Establishment Act for the services provided by us and also all other conditions of registration as stipulated under the aforesaid Act and Rule there-under.

Place: Signature of the Authorized Signatory

Date: Office Seal

Id: 328531

Visit Date: 12/12/2025

Bioler, Eamon

DOB: 04/30/1992

Sex: FEMALE

PCP:

Primary: Medicare Health Insurance

1EG4-TE5-MK72

DoseSpotClinic

Patient Information

Patient Name:	Eamon Bioler
Date of Birth:	04/30/1992
MRN:	328531
Sex:	Female
SSN:	
Employer:	
Address:	S 2nd St Lebanon, OR 97355
Phone Number:	+16025678765
Email:	

Provider Information

Provider Name:	
Email Address:	

Insurance Information

Insurance Company:	Medicare Health Insurance
Policy Number:	1EG4-TE5-MK72
Policy Holder:	JOHN SMITH
Insurance Group Number:	
Relationship:	self

HEALTHCARE

VISIT SUMMARY

Provider Name:	
Address:	123 N Main St str 2 Brooklyn, MI 49230
Fax:	+13322410212
Clinic Phone Number:	+19568250925
Date of Service	12/12/2025
Patient Name:	Eamon Bioler
Sex:	Female
Age:	33
Reason For Visit:	Hemorrhoids Source: Self

Allergies:	No allergies entered
Current Medications:	No medications entered
Diagnosis:	No dx information entered.
Procedures:	No procedures entered
Prescriptions:	
Discharge Recommendations:	
No discharge instructions entered.