

## New Patient Form

Name: Daniel

DOB: 2000-01-01

Phone: (917) 975-2625

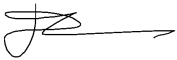
Email: dshifrin5@gmail.com

Insurance: 1181

Reason: 141

Timestamp: 2025-05-28 21-11-13

Signature:

A handwritten signature in black ink, appearing to be 'JZ' followed by a horizontal line with an arrowhead pointing to the right.