

Virtual Visit Information Form

Patient Name: _____

Patient Date of Birth: _____

Email Address: _____

Contact Phone Number for Telemed: _____

Doctor: Dr. Lisa Arbesfeld Dr. Stuart Arbesfeld Dr. Jill Slater-Freedberg Dr. Marion Buchsbaum
Dr. Allison Larson

Date/Time of Appt: _____

Appt. Preference: FaceTime (Apple devices only) Phone Call

Pharmacy Name/Town: _____

Pharmacy Phone: _____