

**WEST TORRANCE PODIATRISTS GROUP, INC.**

*Injuries, Disease, and Surgery of the Foot and Ankle  
Infants, Children & Adults*

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**PATIENT RECORD OF DISCLOSURES**

**I wish to be contacted in the following manner (check all that apply):**

**Home telephone** \_\_\_\_\_

\_\_\_\_\_ **Leave message with detailed information.**

\_\_\_\_\_ **Leave message with call back number only.**

**Cell phone** \_\_\_\_\_

\_\_\_\_\_ **Leave message with detailed information.**

\_\_\_\_\_ **Leave message with call back number only.**

**Work telephone** \_\_\_\_\_

\_\_\_\_\_ **Leave message with detailed information.**

\_\_\_\_\_ **Leave message with call back number only.**

**Written communication**

\_\_\_\_\_ **Mail to my home address.**

\_\_\_\_\_ **Fax to this number** \_\_\_\_\_.

**Other** \_\_\_\_\_.

\_\_\_\_\_  
**Patient name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient signature/Guardian**

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*\*Board Certified American Board of Podiatric Surgery  
\*Fellow American College of Foot and Ankle Surgeons*