

Mid-Peninsula Urology Group
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As a requirement for electronic medical records and Medicare we are required to ask you to complete these questions.

Name: _____

Please indicate ethnicity and race:

RACE

_____ American Indian

_____ Asian

_____ Black/African American

_____ Hispanic

_____ Pacific Islander

_____ Other

_____ White

ETHNICITY

_____ Hispanic/Latin

_____ Non Hispanic/Latino

_____ Unreported/Refused to report Race