



BUXMONT MEDICAL ASSOCIATES, P.C.
Family Practice & Internal Medicine

In order to comply with federal regulations, medical practices are now required to collect information on patient race, language, and ethnicity. To help us do our part, please complete this form and return to the staff at the front desk. If you do not know or do not wish to provide this information, that's okay, just check off the "Unknown / unwilling to report" box.

Thank you for your understanding and cooperation.

Patient Name: _____

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Unknown / unwilling to report

Language:

- English
- Spanish
- Other _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown / unwilling to report