Med Art Pros LLC 17110 Dallas Parkway Suite 205 Dallas, TX 75287 (214) 363-2055 WWW.MEDICALARTPROSTHETICS.COM

PATIENT REGISTRATION FORM

EMAIL ADDRESS:

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	MARITAL STATUS

ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE with area code

SOCIAL SECURITY NUMBER	SPOUSE'S NAME	SPOUSES SOCIAL SECURITY NUMBER	SPOUSE'S DATE OF BIRTH

REFERRED BY include phone number	EMERGENCY CONTACT include phone number

REASON FOR VISIT	DIAGNOSIS

EMPLOYER	ADDRESS	PHONE NUMBER	HOW LONG

SPOUSE'S EMPLOYER	ADDRESS	PHONE NUMBER	HOW LONG

PRIMARY INSURANCE COMPANY	ADDRESS	PHONE NUMBER

POLICY NUMBER	GROUP NUMBER	PRIMARY INSURED NAME	PRIMARY INSURED DATE OF BIRTH

SECONDARY INSURANCE COMPANY	ADDRESS	PHONE NUMBER

POLICY NUMBER	GROUP NUMBER	PRIMARY INSURED NAME	PRIMARY INSURED DATE OF BIRTH

Appointments are considered a contract. A 24 hour notice of inability to be present should be given to the office. We will gladly fill out insurance forms but due to delays by insurance companies and their varied procedures of payment, all fees are the responsibility of the patients. Quotations for fees will be honored for 60 days.

DATE: _____ SIGNATURE: _____