



# DALLAS RENAL GROUP

Leaders in Kidney Care

Dear Patient,

Thank you for choosing Dallas Renal Group! We have attached your new patient paperwork that needs to be filled out prior to your appointment.

**Please bring the following to your appointment:**

- **New Patient Paperwork**
- **Picture ID**
- **Insurance card**
- **All your medications, including any over the counter medications.**

If you forget the paperwork packet, please arrive 15 minutes prior to your appointment time, so that you may fill it out.

Thank you in advance for your assistance

Dallas Renal Group

Phone: (972)274-5555

Fax: (972)274-5663



**PATIENT INFORMATION:** (Please use full legal name, no nickname)

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Drivers Lic. #: \_\_\_\_\_

\*Employer Name and Address: \_\_\_\_\_

\_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ PCP office telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please tell us how you heard about us: \_\_\_\_\_ Referred by: \_\_\_\_\_

**GUARANTOR INFORMATION:** (If different from patient)

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**INSURANCE INFORMATION:** (OR COPY OF INSURANCE CARD)

**Primary:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Secondary:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

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