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 yourappointment:

- **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

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PATIENT REGISTRATION

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

*Last Name:_____ *First Name:_____ Middle Initial: _____

*Address: _____ City:_____

State:_____ Zip code:_____ Home Phone: _____ Cell Phone: _____

Email Address _____ *Social Security #: _____

*Date of Birth:_____ Age:_____ *Sex:_____ *Race _____ Driver's Lic. #: _____

Preferred Language _____ Hispanic (circle one) Yes No *Employer Name _____

Work Phone #: _____ Pharmacy Name _____

Pharmacy Phone _____ Pharmacy Address _____

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: _____

Copay $_____ Deductible $_____