

Dear INSERT NAME,

Welcome to **NAME OF PRACTICE**. We are glad that you have chosen us to provide your child's primary care, and we are looking forward to working with your family.

Enclosed you will find our new patient information. **(BELOW ARE SAMPLES OF DOCUMENTS PROVIDED TO FAMILIES. INSERT WHAT YOU PROVIDE TO YOUR PATIENTS.)** Please complete and submit each of the following documents to our office staff prior to or at the time of your first visit:

Required

- Family Demographic Card:** This form provides your address and phone number, emergency contacts, and insurance information. *Only one card needs to be completed per household.*
- Health History Form:** Provides information about your child's past medical history.
- Office Policy Agreement**
- Release of Records:** It is important that we obtain copies of your child's previous medical records from those who have treated your child in the past. Please complete a separate release form for each doctor your child has seen.
- Financial Policy:** Please sign and return this form to the office staff.

Optional

- Alternate Caregiver Consent Form:** Complete and submit if you anticipate that your child will be accompanied to his or her appointments by someone other than a parent or legal guardian.
- E-mail Consent Form:** Complete and submit if you would like to send and receive e-mails from our practice.

It is also important that you contact your insurance company and alert it that **NAME OF PRACTICE** will be serving as your child's primary care physician. Also, please be sure to bring your insurance card(s) and required co-payment (if any) to the appointment.

Enclosed you will also find the practice brochure. This brochure provides you with information on how to schedule appointments, billing, refill requests, and more.

Once again, welcome to **NAME OF PRACTICE**. Should you have any questions, please do not hesitate to contact us at **(XXX) XXX-XXXX**.

Warm Regards,

Name
Title

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