

New Patient Checklist

For your convenience, we've provided a new/return patient checklist to assist with the check-in process.

Please arrive 10 mins prior to your appointment start time.

Thank you!

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|--|--------------------------|
| New Patient Forms (Completed) | <input type="checkbox"/> |
| Driver's License | <input type="checkbox"/> |
| Insurance Card(s) | <input type="checkbox"/> |
| Dr. Prescription (Therapy Order) | <input type="checkbox"/> |
| Medications List (Name/Dosage/Freq.) | <input type="checkbox"/> |
| MRI/X-ray/Other Image Reports (Optional) | <input type="checkbox"/> |