



NEW PATIENT PAPERWORK

PATIENT NAME: _____ DOB: ____ / ____ / ____

APPOINTMENT DATE: _____ **ARRIVAL TIME:** _____

- Please remember to arrive at least 15 minutes prior to your first appointment so we can assure all information is correct.
- Please allot 1 hours for your first appointment and have all paperwork filled out before arrival.
- We require a 24 hour notice for canceled or rescheduled Initial Consults.
- Bring your Insurance Card and **PHOTO ID**. Photo ID must be State Issued. All payments must be made in advance by credit, debit card, money order, cash or cashiers check. Personal checks will not be accepted unless paid 7 days before your procedure.

5114 Old Hickory Blvd. Ste 201 Hermitage, TN 37076

(p) 615-850-6971

(p) 615-846-9969

(f) 615-777-3393

www.regenerativemedicineoftennessee.com