

ROCKWOOD NATURAL MEDICINE CLINIC

9755 N. 90th St., Suite A-210 Scottsdale, Arizona 85258 480-767-7119

New Patient Registration

Date: _____ SSN: _____

Patient Name: _____

Phone: Home _____ Work: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Age: _____ Sex: M F

E-mail address _____

Employer: _____ Phone: _____

Employer Address: _____

Employment status: F – Full time P – Part time R – Retired _____ (date)
S – Student _____ (school)

Spouses name: _____

Spouses Employer: _____ Phone: _____

Employment status: F – Full time P – Part time R – Retired _____ (date)
S-Student _____ (school)

PAYMENT IS REQUIRED AT THE TIME OF SERVICE. Rockwood Natural Medicine Clinic does not bill insurance, however we will provide you with the necessary materials so that you may do so. We are currently not covered by medicare and therefore are unable to submit claims.

Signature: _____