



FEMALE HEALTH ASSOCIATES OF NORTH TEXAS
A PROFESSIONAL ASSOCIATION

New Patient Forms

Date: _____

Dear New Patient,

Welcome to our clinic! We look forward to having you as our patient. Attached to this page is your new patient paperwork. Please bring the completed documents with you to your appointment on _____ at _____. We will also need you to bring your insurance card and picture id with you to your appointment. If you have any questions prior to your appointment please feel free to call the office at (817)731-3936. We thank you for the opportunity to be a part of your medical care.

Sincerely,

Staff
Female Health Associates