

## NEW PATIENT FORM

**Due to the high number of people not showing up for their initial appointment, I need you to fill out the following form and either fax it back to me (480-339-7156) or email me the information at: [drdrydyk@gmail.com](mailto:drdrydyk@gmail.com).**

Information will be used to bill your credit card if you fail to show for a scheduled appointment or for any outstanding payments. By returning this information you agree to these terms: *You understand and agree that a \$100.00 fee will be billed if you miss any scheduled appointment without a 48 hour prior notice to cancel and/or that any monies owed may be charged to your credit card.*

Once you have either emailed/ faxed me the “**New Patient Form**”, I will call you to schedule an appointment.

Prior to your first appointment, please return to my web page: [www.drydyk.com](http://www.drydyk.com) and fill out the “Patient Intake Form”; under the “New Patient Forms”; (if you need a “Neuropsychological Evaluation”; you will also need to complete the “Neurological History” form).

When you come to your initial appointment, please bring the form(s) (“Patient Intake Form”/ “Neurological History”), and either your insurance card or a copy of both sides of your insurance card.

Please check in at the front desk in the lobby with the receptionist, when you arrive for your appointment, she will page me.

Patient Name: (First) \_\_\_\_\_

(Last): \_\_\_\_\_

Credit Card billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type: (i.e. Master Card; Visa, etc): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

3 digit CVS code (on back of card): \_\_\_\_\_

**Telephone # at which you can be reached to schedule your appointment:**

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