

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a new patient of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Downriver Medical Associates. I was not contacted by Downriver Medical Associates or any employee or agent of Downriver Medical Associates prior to my scheduling an appointment as a new patient with Downriver Medical Associates.

Print Name:

Date: