



Welcome to ReVital! Through our desire to provide you with the most focused and personalized experience, we would like to understand the primary reason that has brought you to the center. Please take a moment to fill out this new patient paperwork.

Patient

How did you hear about us? _____

Name: _____ E-mail: _____
Last First MI

Date: _____ Birth Date: _____

Street Address: _____ Home Phone: (____)____-____
City: _____ State: ____ Zip: _____ Cell Phone: (____)____-____

(We will not send you any other text messages without your prior approval)

Best Day for an Appointment:

- Tuesday
- Wednesday
- Thursday

Best Time for an Appointment:

- 9 AM – Noon (best choice is fasting)
- 1 PM – 3 PM
- 3 PM – 5 PM

Information Needed to Pre-Verify Insurance:

Insurance Company: _____

Name as it appears on insurance card: _____

Cardholders Date of Birth: ____/____/____

Member ID #/Policy ID #: _____

Group #: _____

Insurance Company Phone #: ____-____-____