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NEW PATIENT PACKET

Dear Patient,

We are pleased that you have chosen our office for your healthcare needs. Please review and complete the attached packet and if you have any questions or concerns, please feel free to ask the receptionist.

1. Complete and sign **PATIENT YEARLY REGISTRATION FORM.**
2. Before continuing, please give completed registration form to the receptionist along with your **DRIVER'S LICENSE AND YOUR INSURANCE CARD.**
3. Complete front and back and sign **MEDICAL HISTORY FORM.**
4. Review **NOTICE OF PRIVACY POLICIES.** Please keep for your records
5. Sign **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICIES.**
6. Complete and sign **PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.**
7. Review **STATEMENT OF OFFICE POLICIES.** Please keep for your records.
8. Sign **ACKNOWLEDGEMENT OF RECEIPT OF OFFICE POLICIES.**
9. Complete and sign **AUTHORIZATION OF RELEASE OF MEDICAL INFORMATION.** (This allows our office to receive or send your records.)
10. Give completed packet to receptionist.

Thank you for your time.