

ROCKSIDE FAMILY DENTAL CARE, INC.

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{SysDateWODay}

{PatFName} {PatLName}
{PatAddr}
{PatCity}, {PatState} {PatZip}

Dear {PatFName},

Welcome to our practice! We are looking forward to meeting you. We want you to know that we take pride in trying to make dentistry as pleasant an experience as possible.

We are enclosing new patient forms for you to fill out at your leisure prior to your appointment, along with a self-addressed stamped envelope for you to return them in. **Please arrive 10 minutes early** for your appointment, so that we may review with you any questions we might have.

If you have dental insurance, please bring a completed insurance form or an insurance card to your first visit so that we may have a copy to keep in your chart. Once we have the correct information in our computer, it is not necessary to bring insurance forms to subsequent visits, unless you have a change in your employer or insurance coverage.

Also, for your benefit, we request that you bring copies of any recent xrays from your previous dentist. You can also have them emailed directly to us. This will prevent us from taking unnecessary xrays, and it could save you money. If you would rather have us contact your previous dental office, please fill out the enclosed form and return it to us with the other two forms.

If you should have any questions, please do not hesitate to call.

Sincerely,

Paul G. Russ, DDS
Jason P. Jeran, DMD
Dean A. Carmichael, DDS
M. Jane Gibson, DDS
Kanika Manchanda, DDS

