

3609 Cape Center Drive, Fayetteville, NC 28304 Phone: 910.500.0909 Fax: 910.920.4224

Dear Patients,

Thank you for choosing Hope Medical Clinic P.A, the office of Dr. Solomon to be your health care provider. We will do all our best to take care of you and give you the best care.

Please complete and sign the forms attached. This will help us when adding you in our system and will make the transition into our system faster.

The forms listed below must be completed and signed by all patients:-

- o New Patient Registration Form
- o Financial Policy and Assignment of Benefits
- o Patient consent to the use and disclosure of Health Information
- o Prescription Refill Policy
- o Authorization for Release/Request of Medical Records

## N.B: Please provide us a copy of your driving license and Health Insurance card

Again thank you for choosing Hope Medical Clinic P.A and we look forward to seeing you!

\*The Physician and Staff of Hope Medical Clinic PA\*