



## Sign-Up for New Patients

Dr. Rob  
Lamberts,  
LLC

**OFFICE**

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**PHONE**

706-504-9321

**FAX**

706-504-9322

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www.doctorlamberts.org

Thank you for your interest in our practice. Please provide the following information.

Number of people interested in joining the practice \_\_\_\_\_

• Person 1: Name: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_  This is me

• Person 2: Name: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_

• Person 3: Name: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_

• Person 4: Name: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_

• Names and Birth dates of others not listed above:

Family Information:

**Head of Household:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_

What is the best way to reach you?  Home phone  Mobile phone  Email

**Insurance Information:**

Do you have insurance?  Yes  No

If so, what insurance?

What is your deductible?

**Appointment information**

Does anyone in your family need an appointment immediately?  Yes  No

If yes, who and why?

Is there any other information we need to know?

Thank you! Please return this information to our office, either in person, by mail, by faxing to (706) 504-9322, or any other means you like. We will get in touch to set up an appointment as soon as we can.