

New Patient Fax Cover Sheet

Please provide us some basic information on your resident interested in becoming a Twin Cities Physicians patient (all fields must be completed):

Setting (circle which one):

Independent Living **Assisted Living** **Memory Care** **TCU** **SNF**

Name of Building: _____

Room #: _____

All Below Information is included with this **New Patient Fax Cover Sheet:**

- For **Independent Living:**
 - New Patient Forms – Downloaded from our website:
www.mymgs.org – Get Started
- For **Assisted Living, Memory Care, TCU, or SNF**
 - Face Sheet with Medication List
(Or **New Patient Forms** if Face Sheet unavailable)
 - Social Security #
 - Insurance Cards (copies)
 - Relative Medical History (if applicable)

Send Us All Information:

- By Fax: 763.231.9602
- By Email: info@mymgs.org
- Scan & Send Securely at: www.twincitiesphysicians.net/portal