

**Chingchai Wanidworanun MD PLLC**

**Courthouse Travel Clinic PLLC**

4001 9<sup>th</sup> Street N Suite #228 Arlington, Virginia 22203  
3901 Randolph Road, Silver Spring, Maryland 20902  
Phone: 703-387-0999 Fax: 703-387-0911 [www.DrWanid.com](http://www.DrWanid.com)

**NEW PATIENT REGISTRATION FORM**

Please print clearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt # City State Zip

Email: \_\_\_\_\_ Preferred Pharmacy Name/Phone #: \_\_\_\_\_

Primary insurance: \_\_\_\_\_

Other insurance(s): \_\_\_\_\_

Please be informed that Dr. Wanidworanun actively monitors patients using the government controlled substance data base (PMP).  
And, Dr. Wanidworanun DOES NOT accept new requests for stimulant drugs nor opioid pain medications.

Who should be billed for the visit today? I will self-pay \_\_\_\_\_ Please bill my insurance \_\_\_\_\_  
If you are using insurance, have you verified with your insurance that Dr. Wanidworanun is in-network or that the insurance will pay out-of-network to Dr. Wanidworanun? Yes \_\_\_ No \_\_\_

Please list the reason(s) for your visit today (please keep it to 30 minutes):  
\* Please note that if you are here for a routine visit/physical plus a specific medical issue, your insurance must be billed for each service.

Issues to discuss with doctor	Tests to be done	Prescriptions	Referrals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Yes / No) I am here to request a prescription for oral contraceptives (birth control), and I attest that I have been taking the pills, daily, since at least \_\_\_\_\_ month(s) ago.

Patient/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Patient, I hope I have covered all issues. After your visit, please go to the front desk for:  
Blood drawing: \_\_\_\_\_ Urine test: \_\_\_\_\_ Injection of: \_\_\_\_\_  
Others: \_\_\_\_\_  
To make a payment of: \_\_\_\_\_ To make an appointment: \_\_\_\_\_

Thank you for choosing to come here for your medical needs.  
Chingchai Wanidworanun, MD

Revised 12/10/17