



MISSIONEASTDALLAS
Healing. Opportunity. Peace. Empowerment.

Please bring these items:

- **Enrollment Form**
- **Patient Agreement**
- **Consent for Charity Care**
- **Privacy Notice**
- **HIPPA Signature Sheet**
- **Community Reference Form**
- **Photo Release**
- **Proof of Household Income**
- **Proof of Address**
- **Photo ID**
- **Current Medications**

**Please complete all requested forms. All questions must have an answer.
It is required that you show proof of income, proof of address, and identification to the staff.**

Thank you for your cooperation.