

WELCOME! Thank you for choosing Oakdale OB/GYN! **Date:** _____

*How did you hear about our clinic? Please complete referral information below to let us know. **Thank you!***

NAME: _____ **EMAIL:** _____

OAKDALE OB/GYN PROVIDER YOU ARE SEEING TODAY: _____

- ➡ **PHYSICIAN/PROVIDER REFERRAL** (name & clinic): _____
We would like to thank the provider who referred you.
- ➡ **FRIEND/RELATIVE REFERRAL** (name & email): _____
We would like to thank the individual who referred you.
- ➡ **HEALTH PLAN REFERRAL** (list insurance co.) _____
- ➡ **MAPLE GROVE HOSPITAL REFERRAL** _____
- ➡ **NORTH MEMORIAL REFERRAL** _____
- ➡ **INTERNET** (list Web site) _____
- ➡ **ADVERTISING** (list local paper, magazine) _____
- ➡ **DIRECT MAIL CARDS OR LETTERS** (description of mailing) _____
- ➡ **YELLOW PAGES** (which one) _____
- ➡ **NEW REFLECTIONS SALON** _____
- ➡ **OTHER** (please list) _____

_____ **Crystal** _____ **Plymouth** _____ **Maple Grove** _____ **Blaine** _____ **Fridley**