



CLIENT INFORMATION:

Last	First	M.	Social Security Number	
Street Number and Name		City	State	Zip Code
Home Number	Cell Number		E-Mail Address	
Employer Name and Address			Work Phone	

SPOUSE

Last	First	M.	Cell Number
Employer Name and Address			Work number

EMERGENCY CONTACT OTHER THAN ABOVE:

Name	Relationship	Phone Number
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How did you hear about our clinic? (Please circle all that apply)

Phone Book Internet Outdoor Advertisement Saw sign out front

Friend (Name) _____ (we'd like to thank them)

Payment is due at the time services are rendered. We accept cash, checks, Mastercard, VISA, Discover, and Care Credit. A late fee of \$15.00 may be added to any unpaid balance and interest fee of \$15.00 may be added to any unpaid balance and interest will accrue on the unpaid balance at a rate of 1.5% per month (18% annually).

I understand and agree to the previous paragraph.

Signature

Date