



WELCOME!

We follow ALL HIPPA guidelines in protecting your privacy whereas ALL of your private information is kept Strictly Confidential.

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Home Phone#	Work Phone#	Cell Phone#
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Date of Birth	Social Security Number (Required)	Marital Status
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(IF MARRIED) Spouse First and Last Name & Date of Birth

Employer's Name	City	State	Zip Code
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Email Address

Emergency Contact: First & Last Name Primary Phone# Relationship to Patient

Responsible Party (Check here if same as patient _____)

FILL OUT ONLY IF DIFFERENT FROM PATIENT. Regarding responsible party of minors the parent who brings in minor child to the appointment is considered the responsible party & will be responsible for all the co-pays at time of service.

First Name Middle Initial Last Name Date of Birth Social Security Number (Required)

Street Address City State Zip Code

Home Phone Work Phone Cell Phone Relationship to Patient

We look forward to having you in our 'family' of Patients! 😊
