



WELCOME!

Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Place of Employment _____

E-Mail Address _____

Spouse or Co-Owner's Name _____ Work Phone# _____

Spouse or Co-Owner's Place of Employment _____

If you are paying with a check please provide the following information:

Driver's License # _____ State of Issuance _____

How did you hear about us?

Online/Website/Facebook - Yellow Pages - Friend - Hospital Sign - Television- Newspaper

Other (please specify) _____

Were you referred by one of our clients? We'd like to thank them with a gift.

Name of referring client _____

I understand that payment is expected for all services at the time they are performed and that I can pay by cash, check, Visa, MasterCard, American Express, Discover or Care Credit. We are always happy to provide a treatment plan/estimate.

Client Signature: _____ Date: _____