



# NEW CLIENT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Spouse/Co-Owner's Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Spouse/Co-Owner's Place of Employment \_\_\_\_\_

### How did you hear about us?

Internet       Yellow Pages       Hospital Sign       Television       Newspaper

Client: \_\_\_\_\_

Other Hospital: \_\_\_\_\_

Employee: \_\_\_\_\_

Other: \_\_\_\_\_

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: \_\_\_\_\_