Patient#		Date	
Classification	SS#		
Name	Date of Birth		
Address	City/State/Zip		
Email			
Telephone: Home	Work		
Place of Employment	Occupation		
Married Single Divorced	Widow(er)	# of Children	
Spouse's Name	Place of E	mployment	
Emergency Contact: Name	Phone	Relationship	
How did you hear about our office?			
We will provide a receipt for you to subm of service.	nit to your insurance. Yo	ou are responsible for payment in t	full at the time
I clearly understand that all services rend service.	dered me are my respon	nsibility and payment is expected a	at the time of
Patient's Signature		Date	
If under 18 years of age, parent or guard	lian's signature		
According to the Federal Food, Drug, and Cosmetic intended for use in the Diagnosis, Cure, Mitigation, A vitamin is not a drug, NEITHER is a Mineral, Trace Mineral, Trace Element, Amino Acid, Herb or Home not mean that it can be misrepresented, or be class nutritional advice or dietary advice is not intended a Nutritional counseling, vitamin recommendations, not the quality of foods in the patient's diet in order to so human body. Nutritional advice and nutritional intaken. I have read and understand the above:	Treatment or Prevention of ce Element, Amino Acid, Hereopathic Remedy may have sified as a drug by anyone. Tas a primary treatment and/output it in a discount of the adjusted in the adjusted	201 (g) (1), the term "DRUG" is defined to disease." rb, or Homeopathic Remedy. Although a Nan effect on any disease process or sympostree or please be advised that any suger therapy for any disease or particular bound in the physiological and biomechanical process.	/itamin, a ptoms, this does gested dily symptom.
Signature	Date		