



CLIENT REGISTRATION

NAME _____

ADDRESS(City,State,Zip) _____

DAYTIME PHONE _____ Cell _____

DATE OF BIRTH _____

Email address _____

EMERGENCY CONTACT _____

May we contact you to remind you of upcoming appointments or for other appointment issues?

May we contact you regarding new services, products, or procedures we feel you may be interested in?

Would be interested in hearing about seminars or other events our office will be hosting?

Do you prefer to be contacted by phone or e-mail? _____

If by phone what number would you prefer us to use and do we have permission to leave a message on voice mail or an answering machine, or with the person who answers the phone?

How did you hear about us? _____

Client Signature: _____ Date: _____