



Please complete this form right on the screen, print it, sign it and fax or mail to us. Thank you!

3320 Wake Forest Road • 120-B  
Raleigh • North Carolina 27609  
Phone 790.7134 • Fax 790.7743

3633 Harden Road • Suite 101  
Raleigh • North Carolina 27607  
Phone 789.4459 • Fax 789.8342

Last name  First name  Middle

Address

City  State  Zip

Best way to reach you  Phone 2  Phone 3

Date of birth  E-mail

Emergency contact  Phone

Reason for visit

Date of injury  Date of surgery  Doctor

How did you hear about us?

Known medical conditions

Current medications

Insurance company  ID#  Group#

Primary insured  Primary Insured's Date of Birth

I understand that all fees are due when services are provided and that these services are considered Out-of-Network. I understand the office staff is available to assist me with any questions or concerns regarding this policy.

Client or Guardian  Date

We will request your signature when you arrive at the clinic.