ART OF WELLNESS PATIENT INFORMATION SHEET

Art of Wellness ©2023

X ____

First Name	Las	t Name	N	1iddle Initial	Sex	Age	/ B	/ irth date	
/									
Social Security #	Driver's License #	Marita	ll Status Cell phor	Cell phone		Home	Home Phone		
Home Address		Unit #	City			State	Zip Cod	e	
Email		Employer	Name		<u></u>	cupation			
Emergency Contact Name		Relationship	 Phone #			Add	ress		
Physician Name	Specialty	Phone #		Address					
Insurance Carrier	nsurance Carrier Member #		Name of Insured			Relationship to Insured			
		Address					Phone #		
1. Art of Wellner information. receptionist for appointment 3. If you need to appointment 4. We are out or We will provide company in case of the appointment of the	ss is required by law This policy is availal or more information cancel your appoir will be charged at the vice fee of \$35.00 for f network providers de you with a super the release of your ase they contact us. lyment as: Personal orders require a cre d. There are no retu	o to maintain the proble in our waiting ron. Internet, please inforfull rate. (see fee sor every returned ches. Please contact your bill form that may be medical records or the checks, Cash, Visa, dit card authorizati	oom for you to re rm us at least 24 chedule below) neck from the bar ur insurance com be sent to your in r any information , Mastercard, Dis on at the time of	ad or you contact the surance contact necessary cover and A order, you	an requents your rify out-impany for to processing will be considered.	appointm of-networ or reimbur ess a claim n Express. charged in	alth and pen copy. ent. A ment. A ment. with you full once	Please ask the issed cture benefits. Ir insurance herbs have	
information. receptionist for appointment 3. There is a service we will provide to the company in c	This policy is availal or more information or cancel your appoin will be charged at vice fee of \$35.00 for fework providers de you with a super enthe release of your ase they contact us yment as: Personal orders require a cred. There are no return or the contact with the contact us.	v to maintain the proble in our waiting ron. Intment, please inforfull rate. (see fee sor every returned chair every returned chair every returned or medical records or Checks, Cash, Visa, dit card authorizations on any opened	rm us at least 24 chedule below) neck from the balur insurance compe sent to your in rany information, Mastercard, Discon at the time of powder or raw h	ad or you chours prior nk npany to ve surance con necessary cover and A order, you nerbs. Unop	to your rify out- mpany fo to proce americar will be o ened he	appointm of-networ or reimbur ess a claim n Express. charged in rbs may b	alth and pen copy. ent. A mek acupungsement. with you full once	Please ask the issed cture benefits. Ir insurance herbs have ed for credit	
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Signature of Parent/ Guardian (If patient is a under 18 yrs old)

Signature of Patient