



**PATIENT INFORMATION**

**PRINT PLEASE**

|   |  |                        |
|---|--|------------------------|
| Today's Date:   |  |                        |
| Patient's Last Name:  | Patient's First Name:                    | Patient's Middle Name: |
| Home Address:   |  |                        |
| City:   | State:                                   | Zip:                   |
| Home Phone:   |  | Cell Phone:            |
| Email Address:  |  |                        |
| Birthdate:     /     /  |  | Age:                   |
| Legal Guardian Name:  |  | Legal Guardian Phone:  |
| In case of emergency call:<br>Person's Name: _____ Phone: _____                 |  |                        |
| <b>If applicable, circle one. (You can only qualify for one category below)</b> |  |                        |
|   |  |                        |
| University Student  | Must have ID and current class schedule  | 50% Discount           |
| Military  | Must show current military or veteran ID | 25% Discount           |
| Senior  | Must be 60+ years of age                 | 25% Discount           |
| Disabled  | Must have written proof of disability    | 25% Discount           |