

DR. DARRIN T. WRIGHT

CONFIDENTIAL PATIENT RECORD

Date: _____

Name: _____ Age: _____ Date of Birth _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Sex: _____ Social Security #: _____ Home Phone: _____

Height: _____ Weight: _____ Marital Status: _____ Number of Children: _____

Place of Employment: _____ Work Phone: _____

Spouse's Place of Employment: _____ Work Phone: _____

Have you had Chiropractic Care Before? _____

What Doctor? _____ Who Referred You To This office? _____

Insurance: _____ Group: _____

Policy #: _____ Name of Insured: _____

Insured Social Security & DOB: _____ Company Name _____

Who is responsible for your Account? _____ Co-pay: _____

CONSENT OF PROFESSIONAL SERVICES

I hereby authorize Dr. Darrin T. Wright and whomever he designates as his assistant to administer chiropractic care as he deems necessary in my case, and I further consent to any physical examination, X-Ray study, laboratory procedures, chiropractic or adjunctive therapy or clinic service that is ordered under the general and specific instructions of the doctor.

RELEASE OF INFORMATION

I hereby authorize the release of any information acquired in the course of my history, examination and or treatment necessary for the collection of all or part of the clinics charges.

FINANCIAL AGREEMENT

It is the policy of this office that all fees are payable at the time X-Rays, examinations, lab tests, nutritional supplements, orthopedic supports and treatments are given, unless other arrangements are made in advance. As a service to our patients we will be happy to prepare and submit insurance forms on your behalf for our claim.

I the undersigned, hereby agree to pay Dr. Darrin T. Wright all amounts and charges hereafter incurred by myself and by members of my family for products and services rendered to myself/them. The amount shown on the books and records of Dr. Darrin T. Wright shall be due upon demand and to secure payment, agree to pay all cost of collections, including attorney fees and court costs and wave any exemption rights under the constitution and laws of the State of Alabama.

Signature of Responsible Party

Date

Witness