



Registration Form 2010

Name _____

Billing Address: _____

Phone #: _____ (office) _____ (cell)

E mail: _____

Yrs. In Practice: _____

X-Ray on Premises? Y N

What % of New Patients do you X-Ray? _____%

Do you use custom orthotics? Y N

What % of New Patients get custom orthotics? _____%

Do you currently have high school students for patients now? Y N

Credit Card AmEx Visa Discovery MC

CC#: _____ Date of Exp. _____

3 Digit Security Code: _____ Amount: \$ _____

Print Name

Date

Signature

Fax Completed Form to 518.393.2616