

## Client Information Update

DATE\_\_\_\_\_

NAME\_\_\_\_\_DATE OF BIRTH\_\_\_\_\_

DRIVER'S LICENSE NUMBER\_\_\_\_\_

SPOUSE\_\_\_\_\_DATE OF BIRTH\_\_\_\_\_

DRIVER'S LICENSE NUMBER\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIPCODE\_\_\_\_\_

E-MAIL ADDRESS\_\_\_\_\_

HOME PHONE\_\_\_\_\_CELL PHONE\_\_\_\_\_OTHER\_\_\_\_\_

PLACE OF EMPLOYMENT\_\_\_\_\_

WORK PHONE\_\_\_\_\_EXTENSION\_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN YOURSELF) \_\_\_\_\_PHONE\_\_\_\_\_

**We will need a current copy of your Drivers License or ID**

**\*Please Read and sign below\***

**We DO NOT bill or set up payment plans**

**All fees are due and payable upon completion of services**

**In the case of emergencies or extensive treatments an estimate will be given prior to treatment for owner approval and a deposit will be required.**

**We accept: Cash, Debit, Amex, Discover, Master Card, Visa,  
Care Credit (Card Holder MUST be present) & Scratch Pay**

**A valid Driver's license or other photo id is required**

**A \$30 fee will be added to all returned checks. A 35% finance charge will be added to all unpaid balances if an outside collection agency is required.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**