Acupuncture Center – 2506 Overland Ave, Los Angeles CA 90064
P: 310-360-7556 www.wenacupuncture.com email: info@wenacupuncture.com

Patient Registration

Name: _____Date:_____

Email: _____

Home Phone:(_____)_____Cell:(_____)_____Other:(____)_____

Address:_____City:_____State:_____Zip:_____

Age: _____ Date of Birth: ____/____/_____ Sex: M / F SSN: _____-_____-_____

Martial Status: Single Married Separated Divorced Widowed Drivers License #_____

Employer

Company Name:_____ Occupation:_____Phone:_____

Address:_____City:_____State:_____Zip:_____

Spouse Employer

Company Name:_____ Occupation:_____Phone:_____

Address:_____City:_____State:_____Zip:_____

Medical Information

Emergency Contact: _____Relationship:_____Phone:_____

Family Physician: _____Phone: _____

Known Medical Problems: _____

How did you hear about our office?_____

Office Policy

Payment: At the time of service payment is due unless prior written agreement has been made. There is a service charge of $35 for every returned check.

Outstanding Balance: In case of outstanding balance, a bill will be sent to the patient requesting payment due upon receipt. After 30 days, a 5% interest fee will be added to any unpaid balances. If the balance is not paid in a timely manner, we reserve the right to use a collection company that may report to all credit bureaus. All charges incurred due to collection procedures are the account holder's responsibility.

Herbs: A restocking fee of $2 per bottle/bag will be charged for unopened, non personalized herbal formulas. Personalized and opened herbal formulas MAY NOT be returned.

Cancellation/Missed appointment Policy: Cancellations or missed appointment without 24 hour notification (prior to appointment time) will result in a $50 charge. To avoid any inconvenience, please contact us at least 24 hours before your appointment time to change or cancel appointments.

I have read and agree to the terms of preceding paragraphs. All information present is true to the best of my knowledge

Patient Signature: _____ Date: _____