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Physicians Weight Loss & Wellness Center
4480 N. Cooper Lake Rd
Suite 220
Smyrna, GA 30082
Phone 770.431.2322
Fax 770.431.2321

Patient Information Form

Last Name : **First Name :** **MI :**

Patient Address:

City: **State :** **Zip :**

Home Phone: **Mobile Phone:**

Date of Birth : **Age :** **Sex:** ◯ Male ◯ Female

Employment Information

Patient Employer: **Occupation :**

Employer Address:

City: **State :** **Zip :**

Work Phone No: **Office Extension :**

Social Security : **Drivers License:**

In Case of Emergency

Name : **Relationship :** **Phone :**

Patient's Spouse: **Phone :**

Family Physician : **Phone :**

Referred by :

Financial Policy:

Thank you for selecting Dr. Nanette Cook for your health care needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. For your convenience, we accept Visa, MasterCard and checks.

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection cost, attorney's fees and court costs.

I have read and understand all of the above and have agreed to these statements.

_____ **Date:**

Patient's Signature