WALSH RESEARCH INSTITUTE
Better Health through Biochemistry

2019 Patient Assessment Clinic
Bayview Eden Hotel, Melbourne Vic
Saturday 6 April – Wednesday 10 April 2019

bio balance HEALTH

PATIENT REGISTRATION FORM

☐ New Patient
☐ Returning Patient

Patient's Name: ..... **Date of Birth:** .....

Address: .....

Phone: ..... **Mobile:** .....

Email: .....

Carer's Name: .....

Diagnosis/Reason for Visit: .....

.....

I would like an appointment on:

☐ Saturday 6 April 2019 at _____ am / pm
☐ Sunday 7 April 2019 at _____ am / pm
☐ Monday 8 April 2019 at _____ am / pm
☐ Tuesday 9 April 2019 at _____ am / pm
☐ Wednesday 10 April 2019 at _____ am / pm

I would like an appointment with:

☐ Dr. Cindy Schneider ☐ Dr. Bill Walsh ☐ Dr. Judith Bowman ☐ Dr. Albert Mensah

and my Bio Balance Health Doctor:.....

I would like to pay for: **Please note payment must be made in full at the time of booking.*

☐ Patient Registration Early Bird Fee $550 (before 3 December 2018)

☐ Patient Registration Standard Fee $700 (after 3 December 2018)

How did you hear about us?
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Name on Credit Card:	Total Amount$
Type of Card:	Visa Debit / Visa Credit / Mastercard Debit / Mastercard Credit / Paypal / AMEX
12 digit number:	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
Expiry date on card:	☐☐/☐☐ PIN # on back: ☐☐☐☐

Direct Deposits can be made to: Bank: ANZ BSB: 014 701 Account: 4783 13786 Bio Balance Health
*Please use **name** as Reference when making direct deposits to ensure a receipt is issued.

Please email completed form to: marnie@biobalance.org.au
Booking Enquiries please call: (02) 9798 9857 or General Enquiries (07) 5679 6675
www.biobalance.org.au