

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:

- | | |
|---|---|
| <input type="checkbox"/> Saturday 6 April 2019 at _____ am / pm | <input type="checkbox"/> Tuesday 9 April 2019 at _____ am / pm |
| <input type="checkbox"/> Sunday 7 April 2019 at _____ am / pm | <input type="checkbox"/> Wednesday 10 April 2019 at _____ am / pm |
| <input type="checkbox"/> Monday 8 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 Fee \$700

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:	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>
Expiry date on card:	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> / <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> PIN # on back: <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>

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