

TECUMSEH CHIROPRACTIC CENTER, INC

DR. CONNOR M JOHNSON, D.C. and DR. CALVIN J TUTTLE, D.C.

402 E. CHICAGO BLVD. • TECUMSEH, MI 49286

PATIENT REGISTRATION

Date: _____

Name _____ Birthdate _____ SS# _____
(First) (M.I.) (Last)
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Driver's License # _____ E-Mail _____ Number of Children _____
Employer _____ Job Description _____ Years on Job _____
Employer Address _____ City _____ State _____ Zip _____
Do you prefer to receive calls at: Home Work Cell

How did you hear about our office? Sign Yellow Pgs. Referral by: _____

Prim. Health Insurance _____ Secondary Ins. _____ Family Physician _____

Marital Status: Single Married Divorced Separated Widowed Gender: Male Female

Spouse's Name _____ DOB _____

Name of person responsible for this account: _____ Relationship to Patient _____

Phone # _____ Address _____ City _____ State _____ Zip _____

AUTHORIZATION

The undersigned hereby grant to Dr. Connor Johnson and Dr. Calvin Tuttle, the authority to release and obtain information regarding my past and/or present health condition, from other entities.

I hereby authorize and direct insurance benefits to be paid directly to Dr. Connor M Johnson and/or Dr. Calvin Tuttle.

A copy of this document shall have the same authority as the original, which shall remain in the file of Tecumseh Chiropractic Center.

The undersigned also grants to any entities authority to release documents requested by Dr. Connor M Johnson or Dr. Calvin Tuttle.

Signature

Date

Social Security Number

Date of Birth

08/07/2024