Wealth of Health Center

Dr. Paula Koger, D.O.M, A.P., R.N.
11983 Palmetto Way, Dunnellon, Fl 34432(941)5394232,FAX: (877)6450527
www.wealthofhealthcenter.com email: apkoger@gmail.com

PATIENT REGISTRATION FORM

To my patients: The information collected is confidential and will help me determine if the treatment offered here will help you. If I do not sincerely believe that you condition will respond satisfactorily, I will not accept your case. In order that I understand your condition properly, please be as accurate and legible as possible When completing the enclosed forms.

NAME_____Gender_____ Marital Status_____

Date of Birth_____Social Security Number_____

Address_____City/State_____ZIP_____

Home Phone_____ Cell Phone_____ Other_____

Email Address_____

Employer_____Occupation_____

Business Address _ _ _ _ _ _ _ _ _ _ _ _ _ _ _Bus. Phone_____

Family Physician_____Phone_____

Emergency Contact_____Relationship_____

Phone _____

Who referred you to my practice_____