



Dr. George A. Auger

1315 Haywood Road #2, Greenville, SC 29615 864.322.2828 Fax 864.322.2885

PATIENT INFORMATION

Date _____ Case # _____

Name _____ D.O.B. _____ Age _____ Sex _____
Last First M.I.

Address _____
Street City State Zip

Home Phone _____ Marital Status: M S D W (circle) SS# _____

Cell Number: _____ Email address _____

Business Phone _____ Occupation _____ Full / Part / Retired

Employer _____ Address _____

Spouse's Name: _____ Children's Name(s) _____

Are you seeking: _____ Temporary Relief _____ Optimum Correction / Greater Total Health

Whom can we thank for referring you to our office? _____

Do you have insurance? YES NO ** If you have insurance, please let us make a copy of your insurance card. **

If this is work or auto related, please ask for an additional form at the front desk.

Please read and sign below:

I understand that payment is due and expected today at the time the services are rendered. I understand any necessary x-rays remain the property of this office. I authorize Auger Family Chiropractic, PC to release any information regarding my care necessary to process my insurance claims. I understand that an interest charge will be applied to any outstanding balances that I am responsible for after 30 days. I have read and agree to the above statements.

Patient Signature: _____ Date: _____

Parent Signature (if patient is a minor): _____ Date: _____

lifetime family wellness