

R. J. Ammon Chiropractic
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IN THE EVENT OF AN EMERGENCY

Who should we contact? _____			
Address: _____	City: _____	State: _____	Zip: _____
Home Phone #: _____		Work Phone #: _____	
Who is your medical doctor? _____		Phone #: _____	
Nearest relative not living with you: _____			
Relationship to you? _____		Phone Number: _____	
Address: _____	City: _____	State: _____	Zip: _____

ACCOUNT INFORMATION			
<i>Person ultimately responsible for this account</i>			
Name: _____		Relation: _____	
Billing Address: _____		City: _____ State: _____ Zip: _____	
Social Security #: _____		Driver's License #: _____ Phone #: _____	

I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes in my insurance/financial status.

☐ Adult Patient ☐ Parent/Guardian ☐ Spouse _____ Date: _____

Signature