

Dr. Gary P. Johnson
586. 254. 2995



47197 Van Dyke Ave
Utica, MI 48317

PATIENT REGISTRATION

Please Print:

Name	Sex	Age
Address	D.O.B.	Marital Status
City State Zip	Employer	
Home Phone ()	Address	
Cell Phone ()	City State Zip	
Email Address	Work Phone ()	

STATEMENT OF AUTHORIZATION

I, the below signed patient, realize that I am personally responsible for all amounts of money charged to my account for the services received at Johnson Chiropractic Health Center.

SIGNATURE

Date
