



PATIENT INFORMATION

PRINT PLEASE

Today's Date:		
Patient's Last Name:	Patient's First Name:	Patient's Middle Name:
Home Address:		
City:	State:	Zip:
Home Phone:		Cell Phone:
Email Address:		
Birthdate: / /		Age:
Legal Guardian Name:		Legal Guardian Phone:
In case of emergency call: Person's Name: _____ Phone: _____		
If applicable, circle one. (You can only qualify for one category below)		
University Student Indiana University, Ivy Tech, Purdue, or Valparaiso University	Must have current class schedule	50% Discount
Military	Must show current military or veteran ID	25% Discount
Senior	Must be 60+ years of age	25% Discount

*Effective July 1, 2023