Steve Cuddy, MPT, PRC

Postural Restoration®/Manual Therapy/Custom Orthotics
1913 Pequeno Street
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512.769.9081

Patient Information Sheet

I have completed this information sheet and agree that the information that I have provided is accurate.

First Name		Last Name
Name of Party Responsible for Payment (if different)		
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
E-mail		Birthday
Emergency Contact (name)		Emergency Contact Phone Number
Referring Physician		Referring Physician Phone Number
Primary Care Physician		Primary Care Physician Phone Number

Signature _____ Date _____

Signature of guardian _____ Date _____
(if under 18 years of age)

I understand that I will be charged $95if I no-show or cancel my appointment without 24-hours notice.
_____ (initials)