



300 East Locust, Suite 140  
 Des Moines, IA 50309  
 515-288-8058  
[www.drpulley.com](http://www.drpulley.com)



## Confidential Information

	Patient	Guarantor
First Name		
Last Name		
Address		
City		
State		
Zip Code		
Home Phone		
Cell Phone		
Email address		
Social Security #		
Referred by?		
Sex		
Birth Date		
Medical Doctor		
MD Phone #		
Occupation		
Marital Status		
Spouse Name/dob		

Would you be interested in receiving cell phone text appointment reminders?    Yes    No

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Braxton Pulley, D.C. will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to Braxton Pulley, D.C. will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient's Signature:		Date:	
Guardian's Signature:		Date:	
Information Taken by:		Date:	

**Be Healthy by Choice, Not by Chance!**