

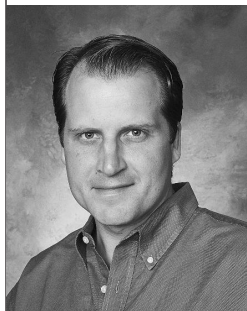
Patient \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Comments/Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



***The American Family Advantages***

- ▶ *Free Initial Exam*
- ▶ *Insurance Accepted*
- ▶ *Financing Available\**
- ▶ *Convenient Hours*
- ▶ *Same Day Start with Discounted Fee Available*



**Springhurst**  
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326-0001

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