



Please fill out this document and email back to Amy at hbruno@bellsouth.net or fax to 850 932-9447

Office Information	
Doctor:	Main Phone # :
Practice:	Fax # :
Address:	Back-Line: #
City, State, Zip	Doctor Cell #:
Doctor Email	Other #:
Office Hours	Office Contacts for:
MTWTH F S	Billing Questions:
How do you prefer to be contacted?	Scheduling Questions:
Office Phone Cell Text	Office Manager:
Other:	Doctor's Assistant:
I would like my statements emailed to me:	Method of Payment
O No O Yes (Email)	$^{\circ}$ COD $^{\circ}$ End of month $^{\circ}$ Credit Card ending in
Additional Team Members	Position / Title
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	→
	→
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