



Patient Registration

Date: _____

Full Name: First: _____ MI: ____ Last: _____

I prefer to be called: _____

Residence Address (No PO Boxes): _____

City, State, Zip Code: _____

Mailing Address (if different from Residence) _____

Email address: _____

Cell Phone: _____

Home Phone: _____

Is there someone we can thank for referring you to us? Name: _____

We will call you to confirm your appointment (Please circle one):

- OK to leave detailed message
- Leave only date/time of appointment

How did you hear about us?

- TV Radio VVC Website VVC Text VVC Email Newspaper About Face Magazine
- Portland Monthly Magazine Internet Search/Google Facebook Twitter
- Referral (please specify): _____ Other (please specify): _____

Statement of Privacy

At VanderVeer Center, we completely respect your privacy. Your contact information including email address will never be shared outside of VanderVeer. May we sign you up for our monthly newsletter, special events, & exclusive promotions?

- Yes, please text me
- Yes, please email me
- Same email as above

Other email: _____