



Renaissance

NAME

ADDRESS

EMAIL ADDRESS

TEL NUMBER

CONTACTED THROUGH _____ REFERRAL _____ SOCIAL MEDIA ADS _____ OTHER _____

PATIENTS INITIAL REQUEST FOR TREATMENT (PAIN RELIEF, REGENERATIVE MEDICINE, ETC)

Dr Humberto's comment

Tests done _____ Blood work Y ___ N___ MRI ___Y ___N Others

Quote for procedure \$ _____

Method of payment _____

Deposit _____

Date of procedure _____

NOTES

Patients Authorization (Signature) _____

Renaissance Representative name _____ Signature _____