



Robert L. Bartemus, DO
1670 E. Highway 50, Suite E, Clermont, FL 34711
352-243-5673
or 725 Good Homes Road
Orlando, FL 32818
407-897-5673
www.doctorsweightcontrol.com

Patient Information Form:

Name: (last) _____ (first) _____ (m.i.) _____ SSN: _____
Patient Address: _____
City _____ State _____ Zip Code _____
Home Phone: () _____ Date of Birth _____
Work Phone : () _____ Cell Phone: () _____
Age: _____ Sex: M F Drivers License # _____ DL State: _____

Alternative address _____

E-Mail: _____

Would you like to receive E-mail correspondence ? (i.e. newsletters or specials?) yes no

Education: Elementary High School/Tech School 2 Year College 4 Year College Graduate School

Employment Information:

Employer: _____ Occupation: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Phone:() _____ ext: _____

In Case of Emergency:

Name: _____ Relationship _____ Phone:() _____
Patient's Spouse: _____ Phone:() _____ Cell () _____
Referred by: _____

How did you hear about us?

___ Yellow Pages ___ Internet/Search Engine ___ Mailer/Advertising
___ Referral by Current Patient ___ Newspaper Ad ___ Sign/Location
___ Coupon Book ___ Referral by Employee of DWC ___ Radio Advertising

My Signature on this form confers the authorization for Medical treatment by Robert L. Bartemus, DO and his Staff at Doctor's Weight Control.

Financial Policy:

Thank you for selecting Robert L. Bartemus DO for your weight control needs. We are honored to be of service to you and your family. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered. For you convenience we accept Visa, Master Card, Discover Card, Personal Checks (with valid ID) and Cash.

Patient's Signature

Date