

LODDIE F. ROEDER, JR., M. D.

189 E. Austin St., Suite 101, New Braunfels, Texas 78130

Telephone: (830) 237-5282 Fax: (830) 629-0224

Website: www.vas-reversals.com Email: info@vas-reversals.com

PATIENT NAME: _____

AGE: _____ DATE OF BIRTH: _____

SPOUSE NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE:

HOME _____ CELL _____ WORK _____

PLACE OF EMPLOYMENT: _____

FAMILY PHYSICIAN: _____

EMERGENCY CONTACT: _____

DATE OF SCHEDULED SURGERY: _____

BALANCE DUE REQUIRED AT TIME OF SURGERY

SIGNATURE: _____ DATE: _____