

Women's Total Health

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Name: _____
DOB: _____

Please indicate if you would rather we email or call to remind you that its time to schedule your annual exam.....

Email address: _____
Phone Number: _____

In case your primary doctor is not in our directory, please provide us with as much information as you can so we can expand our directory.

Primary doctor: _____
Address: _____

Phone: _____

Thank you!!
Women's Total Health

**WE RECOMMEND THAT YOU CALL YOUR
INSURANCE COMPANY AND INQUIRE IF YOUR
COPAY IS REQUIRED AT THE TIME OF YOUR
ANNUAL EXAM!!!**