



New Patient Registration

Dr Steven Wells

Name _____

Date of Birth _____

Phone _____

Email _____

Plan _____

Payment Schedule

Quarterly

Annually

You will receive a payment link at the above email address. If you prefer, you can instead provide your credit card information here:

Card Number _____

Expiration _____/_____/____ CCV _____

Your membership is governed by the following documents. You will also receive an email with links to these documents. Review them carefully.

Terms of Service: exacthealthcare.com/terms

Privacy Policy: exacthealthcare.com/privacy

Patient Signature

Date