

AESTHETIC ~~VEGETHETIC~~ prosthetics inc.

1095 N. Allen Avenue, Pasadena, CA 91104 • 626.345.0050 • fax 626.345.0052

Client Intake Form

Patient name: _____ Date of Birth: _____

Home address: _____

We will need to communicate with you throughout the process of creating your prosthesis. Please complete applicable fields below and check the best way to reach you during weekdays.

☐ Voice call: Preferred phone number: _____
Alt. phone number: _____

☐ Text: _____

☐ Email: _____

Best time (check all that apply): ☐ 8-10am ☐ 10am-12 ☐ 12-2pm ☐ 3-5pm

Medical doctor: _____ Phone: _____

Insurance company: _____ Phone: _____

Type of Prosthesis: _____

Whom may we thank for referring you to Aesthetic Prosthetics? _____

We look forward to serving you!