

Block Fee Registration Form

Please complete the following form and return it to our office at your earliest convenience. If you would like to get email notifications of your appointments please include your e-mail address.

Plan Type:

- Individual plan \$135
- Family plan \$230

Please list the patients in your family that you would like to register

Name	Doctor (Nakamura or Sen)	E-Mail Address

Payment Options

- Cheque
- Credit Card
- Debit
- Cash

Cardholder Name _____

Card # _____

Expiry _____

Signature _____

- I require a receipt