WELCOME to our office. My goal is to ease existing pain and to correct its underlying causes so that you may reclaim great health. I offer an integrated approach to health care. To increase your power as a health care consumer and to support your involvement in your own healing, I offer education in self-care techniques.

Janet L Rueger, DC

Patient Information

Last Name	First Name			Mid.Initial
Home Address		City		
Zip Code	Birthdate	Gender: Male	Female	Other
Phone # Cell	H:	Wl	α:	
E-Mail				
*********	******	*******	*****	******
Spouse or Guardian				
Last Name	F	First Name_		Mid. Initial
Home Address		City		
Zip Code				
Phone #: Cell	H:	V	Vk:	
Relationship to Patient				
*********	*******	*******	*****	*******
Dr. Rueger is not contracted patients. Payment is due at t	•	ompanies and does not o	do any insuran	ce billing for
There will be a minimum of	\$45.00 charge assess	ed for any missed appoi	ntment that is	not cancelled, 24
hours in advance of the appo				
telephone, text or in person. another patient takes the can	` /		ffice, we may	waive this fee IF
Responsible Party]	Date	

180 Clear Creek Dr., Suite 104, Ashland, OR 97520 541-690-6799