

Virender Sodhi, M.D. (Ayurved), N.D. Shalinder Sodhi, B.A.M.S., R.D.M.S., N.D. Anju Sodhi, B.A.M.S., N.D. PANCHA KARMA TECHNICIANS: Amy LeMay 2115 - 112th Ave NE, suite 200 Bellevue, WA 98004-2946 | USA 425.453.8022 · FAX 425.453.1408 reception@ayurvedicscience.com https://ayurvedicscience.com

Patient Name:			
Last	First	Middle or Initial	
Home Phone: ()	Work Phone: ()		
E-Mail Address:	Birth Date:		
Sex: Male Pemale Of	ther Doctor Name:		
Insurance Name:			
Address:			
Phone Number:			
Customer Service Representative:			
Subscriber Name:			
Last	First	Middle or Initial	
Subscriber Date of Birth:			
Subscriber Address if Different:			
ID Number:	Naturopathic Covera	age?	
Group Number:	Office Co-Pay/Co	Office Co-Pay/Co-Ins:	
This form is used so that you can ve check to see if you have Naturopath financial responsibility to		ot, you must agree to take	
I agree to these terms and conditions.			
Patient Signature			
Signature of Guardian if Minor:			

Please verify insurance information prior to your visit.

Once you have completed all the enclosed information, please email it to us reception@ayurvedicscience.com or fax it to 425-453-1408