

How did you hear about Salei Primary Care Inc?



_____ Website (saleiprimarycare.com)

_____ Google search

_____ I had Dr. Salei's personal number and reached out

_____ Insurance company

_____ From a friend (Name: _____)

_____ From a physician (Name: _____)

_____ Other: _____

Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable