JAMES D WETHE, MD

3440 Lomita Boulevard, Suite 220 Torrance, CA 90505

PATIENT INFORMATION

Name

Address City State Zip Code

Home # **Cell #** **Work #**

Date of Birth *E-mail Address

Primary Care Physician Phone/Fax #

Emergency Contact Relationship Phone #

Referral Source ☐ **Family/Friend** ☐ **Website** ☐ **Social Media** ☐ **Yelp** ☐ **Skin365**

OK to contact? ☐ Home ☐ Cell ☐ Work ☐ Emergency Contact

Signature Date

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