

Dr. William Wong
809 NW 4th Ave.
Mineral Wells, TX 76067
Phone: 940-325-2147
Fax: 940-325-5486

--Request for Consultation--

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Province/Country: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

Age: _____

Occupation: _____

Description of Condition / Symptoms:

Treatments Already Received:

Family History of Condition:

Prescription Medications Currently Taking:

Nutritional Supplements Currently Taking:

I have completed this form to the best of my ability. All the information provided is true and correct. No information has been omitted.

(Please sign your name.)

Upon receipt of the completed "Request for Consultation" form, Dr. Wong will contact you to arrange a private and confidential telephone consultation. Payment will be due at the time of the consultation and may be payable by visa or mastercard.

*****Please Fax Completed Form to: 1-940-325-5486***
or Snail Mail to: Dr. Wong, 809 NW 4th Ave, Mineral Wells, TX 76067**
