

**Betten Integrative Medicine**  
**8191 Moorsbridge Road, Suite A**  
**Portage, MI 49024**

Primary Care Request Form

The purpose of this form is to notify us that you are interested in having Dr. Karen Betten be your primary care physician.

Completion of this form is to secure a spot on our waiting list for when an availability occurs.

This form may be returned to the office either by dropping it off or sending it by postal mail.

It is your responsibility to confirm that we have received this form.

The waiting list will be updated once a week, so please wait at least one week before contacting the office to confirm receipt.

You will be sent sign up information and new patient paperwork when an opening becomes available.

Failure to return the new patient paperwork within 30 days will remove your name from the waiting list.

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Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Phone Number	Age
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Additional Family Members	Age(s)
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