



www.ThriveToThrive.com

“Affordable & Accessible Care...

What Healthcare is intended to be...”

JON DUPLESSIS, PT, MDT, EMR, CKTP, CCI

APPLICATION FOR PT & WELLNESS MEMBERSHIP (Please Choose 1 or 2 Below)

Package 1 - ____ Cash Based on a 12-Month Membership at \$100/month allowing 30 visits

Package 2 - ____ Cash Based on a 6-Month Membership at \$130/month allowing 15 visits

NOTE: Cash-Based Non-Membership Service Flat-Rate per Visit Fee is \$80

NAME: _____

DATE OF BIRTH: _____ AGE: _____ NC DRIVER'S LICENCE#: _____

ADDRESS: _____

CITY: _____ NC, ZIP: _____ CELL/PHONE: _____

EMAIL: _____ VISA ___/MC ___/OTHER ___

CREDIT CARD#: _____ EXP: _____ CCV: _____



The same exceptional service as in the past, **JUST BETTER!**

Email Completed Form To:

jonpt@live.com

Phone: 910 -- 859 -- GOPT

The PT with the “**ACCENT**”

Jon Duplessis, PT, MDT, EMR, CKTP, CCI