

A Private Medical Practice
Michael Yu, M.D., F.A.C.P.

Diplomate, American Board of Internal Medicine
Newport Beach Medical Associates, Inc.

**Please return with signed patient agreement
in the enclosed envelope**

1st Patient's Full Name _____

2nd Patient's Full Name _____

Children (ages 17-25) _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Cellular () _____

E-mail _____

\$2,000 annually per person

\$4,500 annually per family (two adults and children ages 17-25)

Yes. I would like to enroll in Dr. Yu's private medical practice.

Enclosed is my annual check

Please charge my annual or semi-annual fee to:

VISA MASTERCARD

Card Number _____

Expiration Date _____

Name on the card _____

Signature _____ Date _____