



Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST FIRST MIDDLE INITIAL

Phone: M (\_\_\_\_) \_\_\_\_\_ H: (\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact: (Circle) Email, Phone Call, Text Message: If you check text messaging who is your carrier? \_\_\_\_\_

May we leave a private message: YES NO at Which Number CELL HOME WORK?

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Marital Status: M S

Primary Care Physician: (Cannot be one of our doctors): \_\_\_\_\_

Responsible Party/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

How did you hear about us? Physician  Website  Radio  Newspaper  Yellow Pages

Friend  Name of Referral: \_\_\_\_\_

**Which Services are you interested in?**

IPL's (intense pulse light laser treatment for damaged skin) Sublative  Sublime  Tattoo Removal

Laser Hair Removal: Upper Lip  Chin  Face  Bikini  Underarms  Abdomen  Chest

Back  Neck  Arms  Legs  Shoulders  Toes  Other

Spider Vein Reduction Legs  Nose  Cheeks  Other

Tightening and Toning  Facials  Peels  Microdermabrasions  Acne Treatment

Botox  Fillers: Radiesse  Belotero  Juvederm  Voluma XC

Skin Care Products: Obagi  SkinCeuticals  Lira  Latisse  Neocutis

Micro Needling  Dermaplaning

Waxing: Lip/Chin  Brows  Tinting: Lashes or Brows

Hormone Replacement Therapy  Stress Management  Annual Exam  Contraception Consult

We will add you to our monthly marketing specials unless you check no.  No, please don't add me to your specials