



Taking care
 of you and
 the ones
 you love.

Patient Registration

Last Name	First Name	Middle Initial	Date of Birth
Age	Social Security #	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Address	Apt #	City	State	Zip Code
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Cell Phone: _____ Carrier (for appt. reminders): _____ Home: _____ Work: _____

May we leave a message? **Cell:** Yes or No **Home:** Yes or No **Work:** Yes or No

Email Address: _____ Pharmacy Information: _____

Emergency Contact Name	Relationship	Phone Number(s)
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I authorize _____ to receive lab results and/or medical reports on my behalf.

Name and Relation

*Your email address will be used for appointment reminders and office communications.

*We do not share email addresses and phone numbers.

Employment

Company	Position	Phone Number
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Company Address	City	State	Zip Code
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Insurance

Name of Insurance Carrier	Insurance ID Number	Group Number	Policy Holders' Employer
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Policy Holders' Name	Policy Holders' DOB	Policy Holders' SSN	Relationship to Patient
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Who may we thank for referring you? Doctor: _____ Patient: _____ Other: _____

Please print the name of referral source: _____

Patient Information, Continued;

Besides providing comprehensive medical services, we also offer a wide range of medical aesthetic/cosmetic services as listed below.

What are your other areas of concern/services that you might be interested in, now or in future?

- Skin resurfacing
- Skin regeneration
- Lines and wrinkles
- Pigmentation, Sun Spots
- Scars
- Brown and Red Spots
- Laser hair removal
- Frown lines (Botox)
- Loss of volume (Fillers)
- Body contouring/Sculpting
- SmartLipo (Laser liposuction)
- Skin Care Products
- Other _____

What is your budget range for investing in yourself?

- \$100 - \$1000
- \$1000 - \$2000
- \$2000 - \$3000
- \$3000 - \$4000
- \$4000 - \$5000
- \$5000 - \$6000
- \$6000 - \$7000
- \$7000 - \$8000
- \$8000 - \$9000
- \$9000 - \$10,000
- \$10,000 or more

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Signature: _____ Date: _____

Print Name: _____

