

Do we have your permission to...?

Leave a message on your answering machine at home? Yes\_\_ No\_\_

Leave a message at your place of employment? Yes\_\_ No\_\_

Discuss your medical condition with any member of you household? Yes\_\_No\_\_

**UNLESS YOU ARE INSURED THROUGH MEDICARE OR MEDICAID, WE WILL  
BE COLLECTING THE OFFICE VISIT FEE AT THE TIME OF SERVICE.**

**THANK YOU**

\*In the event that your account is turned over to collections, a \$25.00 collection fee will be added to your account. I understand a finance charge with a periodic rate of 1.389% per month, compounded monthly (annual percentage of 18%) will be imposed on the outstanding balance (the balance at the end of the previous billing cycle plus any accrued and unpaid finance charges from previous billing cycles, less any payments and credits received and posted to my account during the billing cycle) if not paid within 60 days of services. Should my account be referred to an attorney for collection, I agree to pay reasonable attorney fees, costs, and collection expenses.

\*I have received a copy of the Privacy Policy:

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Your skin changes as you age. Your skin-care  
products and habits should change, too.**

**OPTIONAL QUESTIONS REGARDING YOUR OVERALL  
SKIN CONDITION**

1. Do you currently have regular skin care treatments? Y or N

If so what treatments? \_\_\_\_\_

2. Are you satisfied with your current skin texture and condition? Y or N

3. Do you have Hyperpigmentation, (age spots or excessive freckles)? Y or N

4. Do you have obvious wrinkles, worry lines, frown lines, laugh lines, or crow's feet around the eyes or lips that bother you? Y or N Are you interested in a treatment for these problems? Y or N

5. Are you interested in the removal of unwanted facial and/or body hair? Y or N

6. Would you be interested in having a more detailed cosmetic consultation by a skin care professional?  
Y or N

7. Are you interested in receiving information on the Internet? Y or N E-Mail Address: \_\_\_\_\_

If so, may we contact you to schedule an appointment? Y or N

Phone # \_\_\_\_\_