

AESTHETICA COSMETIC AND LASER SURGERY CENTER, P.C.
PATIENT INFORMATION SHEET

Patient Name _____ Birth Date _____ Age _____

Gender (M/F) _____ Home Phone _____ Cell Phone _____

Street Address _____ City/State _____ Zip Code _____

Patient's Employer _____ Occupation (Indicate if Student) _____

Emergency Contact _____ Home Phone _____ Mobile Phone _____

Family Doctor _____ Address _____ Business Phone _____

PREFERRED Phone Number for CONFIRMATIONS and COMMUNICATION _____

Referral Source: Internet _____ Friend _____ (Name _____) Previous Patient _____

Aesthetica's Website _____ Other _____

Aesthetica likes to keep our patients informed of what's new at the Center plus specials that we may having coming up in the future. We do this via email communication. If you would like to be included in these mailings, we are required to have your signed consent that you agree to email communications from Aesthetica.

_____ I agree to email communications from Aesthetica Cosmetic & Laser Center

Email Address: _____

_____ I DO NOT want email communications from Aesthetica Cosmetic & Laser Center

Signature _____ Date _____

I understand there is a non-refundable fee of \$100 for the initial consultation only with Dr. Vasily, there would be a non-refundable fee of \$50 for the consultation only with Kelly L., R.N. I understand that all other fees will be explained to me when I appear for the consultation. In the event I DO NOT appear for my scheduled appointment, I agree that in consideration of Aesthetica Cosmetic and Laser Surgery Center, P.C. scheduling an appointment and reserving a space on the schedule for a consultation for me, Aesthetica Cosmetic & Laser Center, P.C. is authorized to charge the cost of the initial consultation fee.

Signature: _____ Date: _____