

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 have 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 Emily D., 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: _____