



PATIENT REGISTRATION

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: *Two contact numbers are strongly recommended* Cell: _____ Home: _____ Other: _____

E-MAIL ADDRESS: _____

How would you prefer your appointment reminders? *Please complete.* Text to _____
E-mail to _____

OCCUPATION/PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

RELATIONSHIP: _____ ALT. PHONE: _____

FAMILY DOCTOR (Primary Care Physician)

NAME: _____ PHONE: _____

Preferred Pharmacy Name: _____ Location (cross streets) _____

HOW DID YOU HEAR ABOUT OUR OFFICE?

- Newspaper/Magazine Ad _____ Directory _____
- Referred by _____
- Website _____ Other _____

AUTHORIZATION FOR PHOTOGRAPHY

I authorize the taking of clinical photographs of the treatment area(s) or intended treatment area(s) for the purposes of documentation and monitoring of results. Such photographs may also be used for scientific purposes in publications or presentations. I understand my identity will be protected at all times. *Additionally, (please initial one selection)*

_____ **I DO** give permission for my photographs to be used by the physician/company for marketing or education purposes. Although the photographs or accompanying materials will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

_____ **I DO NOT** give permission for my photographs to be used by the physician/company for marketing or education purposes. I am aware that the photographs taken will remain part of my personal medical record.

CANCELLATION POLICY

I am aware that Beyond Aesthetics requires a 36 hour notice to cancel an appointment. We require a credit card to be kept on file, and in the event that you miss a scheduled appointment, or do not cancel your scheduled appointment with at least 36 hours prior, your card will be charged \$50.00 for the missed appointment or if you paid for a service as part of a package, you will forfeit that treatment entirely with no refund. If you arrive more than 15 minutes late for your appointment, it will be considered a "No Show". At that time, your card will be charged at a rate of \$50.00 per half hour of booked time (minimum charge of \$50.00) or your service will be forfeited.

_____ I understand and agree with Beyond Aesthetics' cancellation policy.

Patient Signature

Date