



PATIENT REGISTRATION

Name _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____ Zip _____

Telephone Home (_____) _____ Cell (_____) _____

Work (_____) _____ OK to call work? Yes No

Email _____

Would you like to receive the Aesthetica Medi Spa Newsletter to learn about specials, events, new treatments and much more? YES, SIGN ME UP! No, only use my email as a form of contact

Name of Emergency Contact _____

Relationship to patient _____ Phone _____

Address _____

How did you hear about us? _____

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What do you wish to accomplish by visiting us today?

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When would you like to accomplish your wishes?

ASAP 3 mo. 6 mo. 1 year 2 or more years

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Photography Disclaimer: Before and after photos of area being treated (including full face photos) must be taken for all services. These photos will be kept in the patient chart with the utmost respect with the sole intent of treatment documentation. These photos are NOT used for any marketing unless formal photo release is signed by the patient. Treatment will NOT be performed without a pre treatment photo. If you are interested in signing a photo release to share your before and after photos please let an Aesthetica medical professional know.
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Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Sangeeta Logani will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient.