

Skin Matters

A Division of Patrick H. Pownell, M.D., PA

Patient Registration

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Office Phone _____ E-Mail _____

May we include you on our newsletter/e-mail list? Yes No

Birthday _____ Referred By _____

Thank you for choosing Skin Matters for your skincare needs. We will make every effort to assure your session is an enjoyable experience and your results are second to none. **Please review the policies below and initial after each paragraph.**

OFFICE POLICY: As a courtesy to our practice, and your fellow client, please give 24 hours notice if needing to change or cancel an appointment. No-shows or cancellations with less than 24 hours notice will be charged 50% of the full treatment fee.

Initial please _____.

PHOTOGRAPHS: Photographs will be used as documentation only and will not be used for marketing/education unless otherwise agreed to in writing.

Initial please _____.

HOME CARE COMPLIANCE: In an effort to achieve the best clinical results possible, it is highly recommended that professional treatments be followed up with specific home care products according to skin type and condition. I understand that if I choose not to purchase specific treatment products, I may not achieve the results for which I am looking. I also agree to inform the staff at Skin Matters immediately of any concerns, questions or reactions I may have pertaining to the treatments or home care products.

Initial please _____.

I hereby consent to allow the staff at Skin Matters to perform services as deemed necessary for cosmetic improvement, including, but not limited to, microdermabrasion, chemical exfoliation and topical cosmetic therapy.

Signature _____ Date _____