

# 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 \_\_\_\_\_