

Healthy Skin For Life At LifeTime Dermatology

Welcome to our practice.

Thank you for taking the time to come see us today.

We would like to know you better. Please provide us with your answers to the following questions.

Name (please print) _____

The primary reason for my visit today is to discuss...

I selected this practice because

- A personal friend referred me (name of friend) _____
- Convenient location and office hours _____
- Newspaper or magazine advertising _____
- Web site _____
- Yellow Pages _____
- Other _____

In Addition to My Primary Purpose

I would appreciate hearing about these other procedures (Due to time constraints, these may not be addressed at your visit today, but we offer FREE cosmetic consultations and can give you information to take home and read):

- | | |
|--|---|
| <input type="checkbox"/> Fraxel Laser Treatments | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Vascular Treatments | <input type="checkbox"/> Juvederm |
| <input type="checkbox"/> Sunspot Treatments | <input type="checkbox"/> Botox |
| <input type="checkbox"/> Spider Vein Treatments | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Peels | <input type="checkbox"/> Skin Care Products |

I would like to be added to the e-mail distribution list to learn more about product specials and open house events.

Email Address: _____

(please print clearly)

For your convenience we accept Visa, Mastercard, American Express Discover and Care Credit.