



10215 SW Hall Blvd. | Suite 200
Tigard, Oregon 97223

CLIENT INFORMATION

FULL NAME _____ TODAY'S DATE _____

BIRTHDATE _____ AGE _____ MALE FEMALE

ADDRESS _____ APT/UNIT # _____

CITY _____ STATE _____ ZIPCODE _____

DAYTIME PHONE # _____ CELLPHONE # _____

(Please place a check next to the number you preferred to be reached at)

EMAIL ADDRESS _____

PATIENT'S EMPLOYER/OCCUPATION _____

EMERGENCY CONTACT:

NAME _____ RELATION _____ PHONE _____

HOW DID YOU HEAR ABOUT US?

WEBSITE FRIEND/RELATIVE DOCTOR OTHER _____

WOULD YOU LIKE TO JOIN OUR EMAIL LIST FOR UPDATES AND SPECIALS? YES NO

I hereby confirm that the information provided is accurate and true.

I assume all financial responsibility for charges incurred at Results Skin Care Center. I understand that I am fully responsible to pay for services as well as any additional products. I realize that if I fail to pay today, I am liable for all collections costs, up to 100%, incurred for

PATIENT SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____
(If patient is a minor)

PRIVACY NOTICE GIVEN

BARBARA MOSAR, Medical Esthetician