



Patient Information:

Date _____

Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Best phone number to confirm appointments: Home Phone Cell Phone

Date of Birth _____

Person to contact in case of emergency _____

Email _____

Occupation _____

May we email you our newsletter? Yes No

How did you hear about us?

Magazine Name: _____

Television Channel: _____

Newspaper Name: _____

Internet Site: _____

Mail Offer: _____

Friend/Family Whom may we thank for referring you?

Notice of Privacy Practices

We respect your privacy. The information you provide is confidential and is only to be used at SpaBlack/Plastic and Cosmetic Center of South Texas. The following information is necessary for our professional staff to evaluate your needs and treat you to the best of our abilities.

I, _____, acknowledge that I have read and understand the Notice of Privacy Practices.

Patient Signature Date