

Please Print to complete this form and bring it with you on your 1st appointment

I will review your information and follow-up with you within 2 business days. All information submitted is held in the strictest of confidence, used to assess your needs, and only viewed by the owner of this website.

Contact Details (please print clearly)

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Mobil:	Email:

Are you under the care of a Physician ? Yes No

Details:

List ALL medications you are taking:

Services requested...Please check all areas of concern:

Lips Brows Lash/Liner Areola Scar Camouflage

Please check all that currently apply:

Taking Aspirin Herpes or Cold Sores High Blood Pressure
Blood Thinners Allergic to Latex Pacemaker
Bruise easily Hormone Replacement Using Exfoliating Products
Contact Lenses Tanning/Tanning Beds

If I have checked Herpes/Cold Sores, I am required to consult with my Physician about anti-viral options. I understand that it is my responsibility. An outbreak during healing can disrupt the final result of my procedure.

Best time to reach you ? AM PM

Comments / Questions ?
