



CARY SKIN CENTER
Aesthetic Surgery & Laser Center
Patient Registration Form

► Please fill out completely and bring with you to your appointment ◀

Name: _____ Title: Mr. Mrs. Miss Dr.
First Middle Last

E- Mail: _____

Mailing / Billing Address:

Street # Street Name Apt#

City State Zip Code

Social Security #: _____ Date of Birth: ____/____/____ Sex: Male Female
Month Day Year

Home Phone: (____) _____ Work Phone: (____) _____

Employer: _____
Name Address Phone

If Student: Full Time Part Time

If married, spouse's name: _____

In case of an emergency, who should be notified? _____
Name Phone

Who did you hear about Cary Skin Center? _____

In order to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies, our staff is trained to inform you of the financial policies of this office. PAYMENT IS EXPECTED FROM YOU, AT THE TIME OF SERVICE. COSMETIC PATIENTS MUST PAY IN FULL AT THE TIME OF SERVICE. WE ACCEPT CASH, PERSONAL CHECKS, VISA, MASTERCARD, AND AMERICAN EXPRESS FOR YOUR CONVENIENCE. SOME COSMETIC PROCEDURES REQUIRE A PRE-PAYMENT DEPOSIT TO SCHEDULE THE PROCEDURE. AT LEAST 72 HOURS NOTICE IS REQUIRED FOR CANCELLATION OF COSMETIC PROCEDURES. APPOINTMENTS CANCELLED WITH LESS THAN 72 HOURS NOTICE WILL BE SUBJECT TO LOSS OF THE DEPOSIT. Your signature below indicates that you understand and accept this policy.

 Signature of Patient or Legal Guardian

 Date