3270 Joe Battle, Suite #360
El Paso, TX 79938

Phone: 915.351.9000
Fax: 915.351.9041

COMMUNICATION CONSENT

NAME: _____ **DOB:** _____

SUBSCRIBE TO OUR EMAIL MAILING LIST? ☐ Yes ☐ No

(You can receive our monthly Specials & Coupons)

Please mark the ways that you consent to us communicating with you:

METHOD	VOICEMAIL	MESSAGE WITH SOMEONE	PREFERRED	BEST TIME TO CALL
☐ Call Work Phone	☐ Yes ☐ No	☐ Yes ☐ No	☐	*_____
☐ Call Cell Phone	☐ Yes ☐ No	☐ Yes ☐ No	☐	*_____
☐ Call Home Phone	☐ Yes ☐ No	☐ Yes ☐ No	☐	*_____
☐ Send Email	Email address: _____		☐	

***Best time to call examples: Morning, Afternoon, Evening or Emergency Only**

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OTHER THAN THE SERVICES YOU MADE YOUR APPOINTMENT FOR TODAY, WHAT ADDITIONAL SERVICES WOULD YOU LIKE INFORMATION ON? PLEASE CHECK ALL THAT APPLY!!

- ☐ Skin Care Advice
- ☐ Skin Care Products
- ☐ BOTOX®
- ☐ Juvederm®
- ☐ Cellfina® Cellullite Solution
- ☐ Hydrafacial MD®
- ☐ Jane Iredale® Make Up
- ☐ Kybella®
- ☐ Breast Cancer Reconstruction
- ☐ Breast Size
- ☐ Abdominal Area
- ☐ Neck Wrinkles or Drooping
- ☐ Facial Lines or Wrinkles
- ☐ Facial Drooping
- ☐ Hips
- ☐ Eyelid
- ☐ Arms
- ☐ Thighs
- ☐ Body Contouring
- ☐ Nose Size or Shape
- ☐ Buttock Size
- ☐ Mole Removal
- ☐ Ears
- ☐ Thin Lips
- ☐ Scar Revision
- ☐ Other: _____

PATIENT / GUARDIAN SIGNATURE: _____ **DATE:** _____