1141 Caper Rd
El Paso, TX 79925

Phone: 915.351.9000
Fax: 915.351.9041

COMMUNICATION CONSENT

NAME: _____ DOB: _____

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

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

I HEREBY AUTHORIZE DR LEE/STAFF TO SHARE MY HEALTHCARE INFORMATION WITH:

_____

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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/Products
- ☐ BOTOX®
- ☐ Juvederm®
- ☐ Cellfina® Cellulite Solution
- ☐ Hydrafacial MD®
- ☐ Jane Iredale® Make Up
- ☐ Kybella®
- ☐ Skin Tightening
- ☐ Breast Cancer Reconstruction
- ☐ Other: _____
- ☐ Breast Size
- ☐ Abdominal Area
- ☐ Neck Wrinkles or Drooping
- ☐ Facial Lines or Wrinkles
- ☐ Facial Drooping
- ☐ Hips
- ☐ Eyelids
- ☐ Arms
- ☐ Hair Removal
- ☐ Skin Tags
- ☐ Thighs
- ☐ Body Contouring
- ☐ Nose Size or Shape
- ☐ Buttock Size
- ☐ Mole Removal
- ☐ Ears
- ☐ Thin Lips
- ☐ Scar Revision
- ☐ Toenail Fungus
- ☐ Scar Revision

PATIENT / GUARDIAN SIGNATURE: _____ DATE: _____