

Aesthetic Specialty Centre

770-393-9000 / 706-453-9863

PATIENT REGISTRATION		PT.# _____	DATE _____	
NAME		AGE	DATE OF BIRTH	
ADDRESS		E-MAIL ADDRESS		
CITY	STATE	ZIP	SS#	
PHONE (HOME)	(CELL)	(WORK)	OCCUPATION/EMPLOYER	
SPOUSE'S NAME		OCCUPATION/EMPLOYER		
IF UNDER 18 PARENT/GUARDIAN				
EMERGENCY CONTACT (OTHER THAN SPOUSE)		RELATION	ADDRESS	PHONE
<i>Please check the areas you would like to discuss</i>				
Eyelids	Ear Reshaping	Laser Resurfacing	Skin Care	
Facelift	Liposuction	Peel/Microdermabrasion	Massage Therapy	
Nose	Botox	Laser Hair Removal	Make-Up	
Chin / Cheeks	Injectable Fillers	Scar Revision	Doctor's visit	
Lips	Veins	Moles, etc.	Breast Surgery	
Referred by:				
Doctor (name _____)	Attended one of your lectures			
Friend (name _____)	Telephone Yellow Pages			
Family (name _____)	Other _____			
Pharmacy Name & Number: _____				
Insurance Benefits:				
<u>PRIMARY</u>	<u>SECONDARY</u>			
Insurance Company _____	Insurance Company _____			
Name of Insured _____	Name of Insured _____			
Insured's ID # _____	Insured's ID # _____			
Insured's Date of Birth _____	Insured's Date of Birth _____			
Relationship of patient to the insured _____	Relationship of patient to the insured _____			
I authorize the release of medical information to my primary care or referring physician, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize direct payment of surgical / medical benefits to Aesthetic Specialty Centre.				
Payment is required for all services at the time they are rendered unless you are in a plan in which we participate. For those patients, applicable copayments and deductibles will be collected. I understand that I am financially responsible for any balance not covered by my insurance.				
Should the account fall into arrears greater than 60 days, I authorize that unpaid balance to be charged to my major credit card, as listed below.				
CC# _____	Name on card _____	Expiration Date _____		
Patient or Responsible Party Signature _____			Date ____/____/____	