

Esthetician/Cosmetic Registration Information

Patient's Legal Name: _____ Male Female
Date of Birth: _____ Age: _____ Preferred Contact Number: _____
(check box)
Mailing Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Work Phone: _____
Email: _____ Cell Phone: _____
Married: ____ Single: ____ Separated: ____ Divorced: ____ Widowed: ____

Parent or Guardian (if under 18): _____ Home Phone: _____

Address (if different): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Person(s) allowed access to your cosmetic records and who may call on your behalf:
_____ Indefinite Time Limit _____

Four Seasons Dermatology Cosmetic Financial Policy

Thank you for choosing Four Seasons Dermatology. We look forward to establishing a lasting relationship as your dermatology provider. As part of this relationship, we wish to establish our expectations of your financial responsibility as outlined below.

1. **PAYMENT IS EXPECTED IN FULL.** We accept cash, check, or credit card (Visa, MasterCard, or Discover).
2. **COSMETIC SERVICES.** Cosmetic procedures or consultations are not billable to insurers.
3. **RETURNED CHECKS** will incur a \$15.00 service charge.
4. **MISSED OR CANCELLED APPOINTMENTS.** Esthetician customers that miss or cancel an appointment with less than 24-hour's notice may be assessed a \$50.00 charge.

Signature: _____

Date: _____