



Name: _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone #s: Home () _____ Mobile () _____ Work () _____

E-Mail Address _____ Birth date _____ - _____ - _____

I would like to see results in the following areas of concern within my Rejuv journey:

Aesthetics:

- Fine Lines/Wrinkles
- Thin Lips
- Brown/Age Spots/Sun Damage
- Freckles
- Blotchy Skin
- Acne
- Acne Scarring
- Texture
- Pigment
- Facial Veins
- Fullness Under Chin (Double-Chin)
- Facial Redness
- Brow Shaping/Tinting
- Length/Fullness of Lashes
- Dry Skin
- Oily Skin
- Clogged/Large Pores
- Rough Texture
- Melasma/Mask of Pregnancy
- Anti-Aging
- Sagging Skin
- Loss of Elasticity
- Moles
- Skin Tags
- Eczema
- Psoriasis
- Night Sweats/Hot Flashes
- Difficulty Sleeping
- Mood Swings
- Hormonal Imbalance
- Lack of Energy/Fatigue
- Foggy Thinking
- Body Sculpting/Fat Reduction
- Cellulite
- Weight Loss
- Stretch Marks
- Hair Removal
- Juice Cleanse
- Inability to Lose Weight
- Boost Immunity
- Optimize Athletic Performance
- Hair Loss/Hair Thinning

Wellness:

- Improving Libido/Sexual Function
- Treating Urinary Incontinence

How did you learn about Rejuv? (Please check all that apply)

- Television Ad Google Instagram Direct Mail Facebook Radio Snapchat Rejuv's Website
- Other _____ Referral _____

Please provide their name so we can thank them!

Appointment Confirmations and Special Promotions:

Rejuv has a unique appointment confirmation and online customer communication system.

Please check one or more of your preferred methods of contact:

- Email SMS / Text Message Please do not contact me for appointment confirmations

Please check one or more of your preferred methods of contact for special offers and promotions:

- Email SMS / Text Message Please do not contact me for special offers and promos

Sharing is Caring

Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped or removed. May we use your before & after photos? Yes _____ No _____ Initial: _____

CANCELLATION REQUEST:

- All service reservations require a credit card for guarantee.
- In efforts to provide a spectacular patient experience for both you and our patients, we require a **minimum 24 hours advance** notice of appointment cancellations or changes. Appointments cancelled or changed after the notification period will result in a cancellation fee, a **charge of 50% of the treatment fee for that day. *Botox fee will be a minimum of 20 units.** Late arrivals will result in the appointment concluding at the original time scheduled and at the regular treatment price.
- No notification of cancellation will result in a full charge of the regular treatment price.

Signed: _____ Dated: _____