



# **THE AESTHETIC AND WELLNESS CENTER, PLC**

3825 State Road 64 East Ste. 300 Bradenton, FL 34208 941-749-0741

## **Patient Information Form**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ Sex: (M / F)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Best number to reach you: \_\_\_\_\_

Alternative address: \_\_\_\_\_

Education: Elementary High School/Tech School 2 Year College 4 Year College Graduate School  
(Please circle highest level achieved)

### **Employment Information:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

### **In Case of Emergency:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone :( ) \_\_\_\_\_

### **How did you hear about us?**

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Physician	<input type="checkbox"/> Mailer/Advertising
<input type="checkbox"/> Referral by Current Patient	<input type="checkbox"/> La Guia	<input type="checkbox"/> Sign/Location
<input type="checkbox"/> Clipper Magazine	<input type="checkbox"/> Gyms	<input type="checkbox"/> Seminars
<input type="checkbox"/> East County Observer	<input type="checkbox"/> Day Spa	<input type="checkbox"/> Radio advertising
<input type="checkbox"/> Living Out East Magazine	<input type="checkbox"/> Mensaje Latino	<input type="checkbox"/> Others
<input type="checkbox"/> Scene Magazine		

My signature on this form confers the authorization for medical treatment by Inda Mowett, MD and her staff at The Aesthetic & Wellness Center.

### **Financial Policy:**

Please be advised that full payment for all services will be due at the time services are rendered. For your convenience we accept Visa, Master Card and Cash. We do not take personal checks.

### **No Show or No Cancel Appointment Policy:**

For appointments that are not cancelled 24 hours prior to your scheduled visit, it will be counted as a treatment and charged to the treatment program. We reserve the right to charge for repeated no shows.

### **Cancellation Policy:**

If you purchase a treatment package and do not complete the series, your bill will be reconciled at the individual treatment rate and any resulting credit can be applied only to a gift certificate or to additional services or products. In regard to the Weight Loss Program, if you withdraw from the program, you will not be entitled to a refund of any previously paid monies.

Signature \_\_\_\_\_ Date \_\_\_\_\_