



Name: _____ Todays Date: _____ Date of Birth _____ Sex: M/F

Home Phone: () _____ - _____ May we leave voice or text messages regarding appts? Yes No

Work Phone: () _____ - _____ May we leave voice or text messages regarding appts? Yes No

Cell Phone: () _____ - _____ May we leave voice or text messages regarding appts? Yes No

Street Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ (we send discount notifications through email)

Emergency Contact: _____ Cell Phone: _____

Can we release information to your emergency contact? **Circle one** Yes / No **Signature** _____

Circle how you heard about Ultimate Image:

Website/Web search: Keyword: _____ Friend Referral (Name of Friend): _____

Magazine/Television/Groupon/Event: _____ Other: _____

Circle Skin Type: Fair Skin-Blonde/Fair Skin-Brunette/Average Skin/Olive Skin-Hispanic/Dark Skin-Middle East/Black

Circle if you have ever had: Keloid/Accutane /Sores /Fever Blisters/Shingles /Herpes /HIV /Hepatitis /Fibromyalgia/
Yeast /Headaches /Chronic Pain /Chronic Fatigue Syndrome /Epstein Barr /Depression /Anxiety /Bipolar /IBS

List any other medical problems: _____

List current medications & supplements: _____

List current skin care products: _____

List all allergies: _____

List cosmetic procedures you have had: _____

What is your main Cosmetic Concern(s)? _____

Occupation: _____

Check which procedures you are interested in:

DUAL Fraxel 1550/1927 Treatments-For brown spots, redness, wrinkles, acne scars, & firms the skin

Botox or Dysport - Relaxes brow, eye, & forehead wrinkles **Juvederm/Voluma**- Fills lines around mouth

Restylane, Restylane Lyft & Restylane Silk - Adds volume and fullness to the skin

Verju – Cellulite & Body Sculpting **Liposonix** – Non-Surgical Fat Removal

Laser Tattoo Removal **Vein Removal** **Rx Weight Loss Program** **Minor Surgery** - Scar or mole removal

Levulan & Blu-Light- Reduces Acne **Aesthetician Services**- Facial, Peels, Microderm

I acknowledge I received a copy of the Privacy Policy of Ultimate Image Cosmetic Medical Center. I am not pregnant or breast feeding. I realize that if I become pregnant, I should not have any cosmetic procedures and should stop using all medications and skin care products until I am given permission to use them by my Obstetrician. If I become pregnant I will notify Dr. Besnoff both in writing & verbally and cancel any appointment or procedure. I have listed all of my current medical problems and medications on the patient information form. If in the future I develop any new medical problems or start taking any new medications, I will inform Dr. Besnoff in writing & Verbally prior to any appointment or procedure. I understand that Dr. Besnoff cannot give me the proper treatment, nor be held responsible, if I do not disclose up to date information about my health. I consent to have before/after treatment pictures and television filming of any and all procedures by Todd A. Besnoff, MD. I give my permission for Dr. Besnoff to use the pictures and film for medical, educational and advertisement purposes. I realize that I will not be compensated for the use of the pictures.

Patient's Signature _____ Patient's Printed Name _____ Date _____

Witness's Signature _____ Witness's Printed Name _____ Date _____