

**SANTA ANA SKIN CARE CLINIC
683-B HARKLE RD
SANTA FE, N.M. 87505**

FIRST NAME: _____ **LAST NAME:** _____

DATE OF BIRTH: ____/____/____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

WORK #: _____ **HOME #:** _____

SS#: _____

E-mail Address: _____

WHO REFERRED YOU TO OUR OFFICE? _____

Thank you for choosing our office for all of your skin care needs. If at any time you have questions regarding your treatment please feel free to call the office. Please note that treatment fees are due at the time of services, and medical insurance does not cover treatments because they are considered a cosmetic luxury. Also note that the results of products and procedures are not guaranteed. Also all products and services offered through Santa Ana Skin Care Clinic are **non-refundable**.

SIGNATURE OF
RESPONSIBLE PARTY

DATE