



Patient Name _____ **Date** _____

Please check here if you wish to have a full body screening (skin cancer screening today)

Please list the reason(s) for you visit to include the location and duration of your problem.

If you are here for a rash problem, please list ant treatments, both prescription and non-prescription that

Please list any PRESCRIPTION refills you need today.

- I prefer name-brand prescriptions, even though they may be more expensive.
- I prefer generic medications.

Insurance coverage for prescription

- I have no insurance prescription coverage.
- I have a prescription plan; I pay a fixed amount for each prescription
- I pay for all prescriptions and am partially reimbursed by my insurance.
- Other; please specify _____

Please check any item you would like more information about today.

- PEMF electromagnetic therapy** for;
 - Pain relief
 - Increased strength and mobility
 - Improved memory, mood, and brain function
- ASEA Water and RENU 28:** new anti-aging products for the skin and body

- Pranic Healing:** enhances healing using the acupuncture system without needles!
- Wrinkle Fillers:** Voluma, Juvederm, Restylane, Perlane, Silk, Sculptra
- Facials, Hydra-Facials, Peels** for skin rejuvenation
- Professional-strength home-use products** for anti-aging or cancer prevention
- Lipo-Sculpture** for fat reduction: the gentler way to an elegant silhouette