



Patient Information

Patient's Name: _____ Social Security Number: _____

Date of Birth: _____ Gender: Male Female

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

Email: _____ Consent to email (for reminders and patient portal)

Physical Address Same as Mailing? Yes No

If not, please list mailing address: _____

Mobile Phone: _____ Preferred Consent to text: Yes No
(for appointment reminders)

Home Phone: _____ Preferred

Work Phone: _____ Preferred

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Race: White Hispanic/Latino Black Asian Native American Other: _____

Primary Language: English Spanish Other: _____

Employment Status: Employed Unemployed Student Retired Child Other: _____

COPIES OF YOUR DRIVER'S LICENSE AND INSURANCE CARD(S) ARE REQUIRED TO VERIFY YOUR IDENTITY AND TO BILL YOUR INSURANCE.

Marketing/Promotions Sign-Up (OPTIONAL):

I wish to enroll to receive occasional marketing and promotional information from Roswell Skin Center via text and email at the mobile number and email provided. I understand this is completely optional and will generally include specials on cosmetic services and products, as well as occasional updates about new services or special events. I can opt out at any time.

YES, Sign me up! **Email only** **Text only** **No thanks**