



WELCOME TO MSU AESTHETIC & LASER TREATMENT CENTER

Please arrive 15 minutes prior to your appointment time with the following forms completed and no make-up. Photos will be taken prior to your appointment for documenting purposes only, unless otherwise stated.

****24 HOURS NOTICE MUST BE GIVEN TO CANCEL OR RESCHEDULE YOUR CONSULTATION OR APPOINTMENT**

Our office is located at 4660 S Hagadorn Rd in the Eyde building on the 6th floor in Suite 610. The Eyde building is located next to the Hanna Tech Center. If you have questions prior to your appointment time, please feel free to contact us at 517-267-2497.

Thank you for choosing MSU Aesthetic and Laser Treatment Center. We look forward to taking care of all your cosmetic needs.

Patient Information

Name: _____ Age: _____ Today's Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Best Number to Contact You: _____ Alt. Number: _____

DOB: _____

Sex: Male Female

Race: White Black Asian American Indian Native Hawaiian Hispanic
Other _____

*E-Mail (required): _____

Preferred method of communication: Cell Home Phone Text E-mail

How were you referred to us? _____

(Required)

Spouse or Responsible Party (Emergency Contact Information)

Name: _____ Relationship: _____

Contact Number: _____

Cosmetic Complaint

Reason for Visit

Prior Treatment(s):

Date of Most Recent Surgery or Procedure: _____

By Whom: _____ City: _____

Have you previously or do you use Accutane? Yes No

Are you on blood thinner medication? Yes No

Do you bruise easily? Yes No

Do you have a history of cold sores? Yes No

Do you use tanning beds? Yes No

Daily amount of sun exposure: _____

What SPF factor do you use? _____

Are you pregnant, trying to become pregnant, or breastfeeding? Yes No

FINANACIAL NOTICE

Welcome to our office! This form is intended to clarify your financial responsibilities. We value our clients and are committed to providing the highest quality services. Thank you for choosing our office.

1. I understand that payment for all services and products is required at the time they are rendered.
2. I understand that I am responsible for payment of all charges and services.
3. I understand that additional treatments for touch-ups or revisions have additional costs.
4. I understand that cosmetic services are elective and there are no guarantees as to outcomes or patient satisfaction.
5. Missed, changed, or cancelled appointments with less than 24 hour notice may have additional charges.
6. I understand that once a service has been provided, there are no refunds.
7. I understand the practice is cosmetic (fee for service) and that insurance is not accepted.

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