



**MD Skincare and Laser**  
1113 West Baker Rd. Baytown, TX 77521  
Office: 281.201.8243 Fax: 281.648.2200  
www.mdskincaresandlaser.com

## Patient Information Form

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient's Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by:  Newspaper  Internet  Family/Friends  Other \_\_\_\_\_

### **Financial Policy:**

Please be advised that aesthetic services and procedures are generally **NOT** covered by your health insurance policy. You will be responsible for payment upon the day of service. For your convenience, we accept Visa, MasterCard, Discover, cash and checks. If a check is used, the check must be in the patient's name or check signer must be present with a valid I.D. A \$50 fee will be charged for any returned check.

### **Patient Statement:**

I understand that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. All treatments and treatment packages are non-refundable and non-transferrable.

If I fail to contact MD Skincare and Laser to cancel a future scheduled appointment and I do not show, I agree to pay a \$20 fee billed on the day of the missed appointment. **Please be advised that if you are more than 15 minutes late to your scheduled appointment, you will be asked to reschedule.**

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney's fees and court costs.

I have read and understand all of the above and have agreed to these statements.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date