

AGELESS ENERGETICS

NAME _____ AGE _____ HEIGHT _____

WEIGHT _____ PHONE _____

ADDRESS _____ CITY/STATE _____

ZIP _____ EMAIL _____

HAVE YOU HAD FILLER OR BOTOX IN THE PAST? _____

IF YES WHICH PRODUCTS HAVE YOU USED? _____

ALLERGIES _____

WOMEN: PREGNANT OR LACTATING? _____

AT AGELESS ENERGETICS WE OFFER THE FOLLOWING SERVICES: WEIGHT LOSS HCG AND VITAMIN B INJECTIONS, COSMETIC FILLERS, BOTOX OR XEOMEN INJECTABLES, FACIALS, CHEMICAL PEELS, AND LATISSE. PLEASE INDICATE WHICH SERVICES YOU ARE INTERESTED IN:

- WEIGHT LOSS AND NUTRITION
- FILLERS (Radiesse, Juvederm, Belotero)
- BOTOX OR XEOMEN
- FACIAL/ SKIN CARE SERVICES
- LONGER/FULLER EYELASHES

I AUTHORIZE AGELESS ENERGETICS TO TAKE CLINICAL PHOTOGRAPHS OF ME TO BE USED AS DOCUMENTATION FOR MY PATIENT CHART. UNDER NO CIRCUMSTANCES WILL THESE PHOTOS BE USED IN PUBLICATIONS OR DISTRIBUTED WITHOUT MY CONSENT. I ALSO AGREE TO DISCLOSE ANY BLOOD BORNE DISEASES I MAY HAVE TO THE MEDICAL STAFF IN ORDER TO PREVENT THE SPREAD OF DISEASE. I AM PARTICIPATING IN AN ELECTIVE COSMETIC PROCEDURE AND WILL BE FINANCIALLY RESPONSIBLE WHEN SERVICES ARE RENDERED.

CLIENT SIGNATURE DATE

WITNESS SIGNATURE DATE