

The Anti-Aging Place

at the

WellSkin Clinic
A natural face and skin rejuvenation clinic

We want to insure that confidentiality regarding your care is maintained at all times while also being able to contact you as necessary. We therefore need to know how you prefer for us to contact you.

Please complete and sign the form below. Thank you.

I, _____, give **WellSkin Clinic** and *Anti-Aging Place* permission to:

Leave a message regarding my appointment time on the answering machine or with someone at:

HOME WORK CELL NO MESSAGE DO NOT CALL E-MAIL

Leave a message, answering a question, on the answering machine or with someone at:

HOME WORK CELL NO MESSAGE DO NOT CALL E-MAIL

Contact Information

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Alternative Phone: _____

E-mail Address: _____

Client Signature

Date