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**WELCOME TO OUR LASER CLINIC!**

Thank you for selecting our practice! We appreciate the opportunity to meet with you to discuss your interest in our laser services. We will take pride in making your cosmetic visit as pleasant and comfortable as possible.

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Gender: Male      Female      Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Check appropriate box: Minor   Single   Married/Domestic Partners   Divorced   Widowed   Separated

Person to contact in case of EMERGENCY: \_\_\_\_\_ Phone: \_\_\_\_\_

(Emergency Contact's) Relationship to patient: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US:**

Internet   Dockline AD   Social Media (FB, Twitter etc.)   Other: \_\_\_\_\_

If referred by a person, whom? Name: \_\_\_\_\_

**Reason for today's visit:** \_\_\_\_\_

**Ethnic Background: (PLEASE CIRCLE ONE)** African-American   Caucasian   Hispanic   Native American   Asian   Other

**Which of the following do you consider to be your skin type? (PLEASE CIRCLE ONE)**

I: Highly sensitive, always burns, never tans.

II: Very sun sensitive, burns easily, tans minimally.

III: Sun sensitive skin, sometimes burns, slowly tans to light brown.

IV: Minimally sun sensitive, burns minimally, always tans to moderate brown.

V: Sun insensitive skin, rarely burns, tans well.

VI: Sun insensitive, never burns, deeply pigmented.

**Past Medical History:**

**Do you have any allergies to medications, foods, latex, or other substances?** If so, please explain.

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**Please list current medications (Prescription and OTC):**

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**Have you ever had any cosmetic procedures in the past? Please list with dates:**

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**Do you have a history of any of the following conditions? Please circle.**

Syphilis   Hepatitis   HIV   Psychiatric Problems   Herpes   Skin Cancer   Smoking   Alcohol   Other:

Contraindications include use of medications that increase photosensitivity (such as certain antibiotics or Accutane), use of anticoagulants or have had chemotherapy in the past 6 months, history of bleeding disorders, pregnancy/breastfeeding, and seizures disorders. Prednisone and other steroids can cause excess swelling post treatment for up to 2 weeks. Please let our physicians know if any of the above apply to you.

**LASER CLINIC POLICIES**

- Cosmetic services are not covered by insurance.
- Laser service consultations are complimentary.
- We are unable to estimate the cost of various procedures until the physician has completed an evaluation of your specific needs.
- We do accept Care Credit for laser services only.
- Fees for laser services can only be determined by the physician based on complexity according to standards set by the American Medical Association. At your consultation, the physician will quote a fee for service packages. For your convenience, we accept Master Card, Visa, American Express, Discover and cash. Checks are not accepted.
- For your children’s protection, children under the age of 12 are not allowed in the front reception area without adult supervision.
- For safety reasons no one other than the patient is allowed in the room during laser treatments.

Patient Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guarantor Signature \_\_\_\_\_