

## Raleigh Dermatology Associates, PA

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Chart #: \_\_\_\_\_

Doctor #: \_\_\_\_\_ Date \_\_\_\_\_

### Patient Information

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

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

Phone #: \_\_\_\_\_ Email \_\_\_\_\_

### Procedures of Interest to You (please check)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Skin Care Advice/Products        | <input type="checkbox"/> Laser Treatment       | <input type="checkbox"/> Botox       |
| <input type="checkbox"/> Juvederm & Sculptra              | <input type="checkbox"/> Spider Vein Treatment | <input type="checkbox"/> Fraxel      |
| <input type="checkbox"/> Liposuction                      | <input type="checkbox"/> Laser Hair Removal    | <input type="checkbox"/> FotoFacial  |
| <input type="checkbox"/> Endermologie                     | <input type="checkbox"/> Omnilux & Clearlight  | <input type="checkbox"/> Xtrac Laser |
| <input type="checkbox"/> Chemical Peels/Microdermabrasion |  |                                      |

### How did you hear about us?

- My Doctor, whose name is: \_\_\_\_\_
- My Insurance Company: \_\_\_\_\_
- The Yellow Pages (which ad): \_\_\_\_\_
- Newspaper Ad (check one):  News & Observer  Other (please specify): \_\_\_\_\_
- Radio Station
- TV
- A friend or family member, whose name is: \_\_\_\_\_
- Seminar/The event was: \_\_\_\_\_
- Internet/Website: \_\_\_\_\_
- Skin Solutions Employee: \_\_\_\_\_