

WELCOME TO THE BODY SCULPTING CENTER & BODYNEW MEDSPA

2255 North Scottsdale Road • Scottsdale, Arizona 85257
Phone (480) 464-8000 • Fax (480) 990-2556
www.BODYNEW.com

PATIENT INFORMATION SHEET

Date _____

Patient's Name _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Out-of-State Address _____

Social Security Number _____ Marital Status: Single Married Divorced Widowed

Best Telephone Number to reach you _____

Birth Date _____ Telephone(Home) _____ (Work) _____ Occupation _____

Employer's Name _____ Address _____

Parent /Spouse's Name _____ Birth Date _____

Parent/Spouse's Employer Name _____ Address _____

Family Physician _____ Telephone _____

Nearest Relative or Friend Not Living With You:

Name _____ Relationship _____ Telephone _____

How did you hear about us? _____

If you were referred by a friend, please list friend's name: _____

Authorization to Treat

I hereby give my permission to Dr. Marvin Borsand, Leigh Giordano, R.N. and/or Joan Olcott, R.N. to administer treatment and to perform procedures as may be deemed necessary in the diagnosis and/or treatment of myself or my dependents. I understand that I will be charged a fee if I do not notify the office at least **48 hours** prior to a missed appointment. If you prefer a chaperone for your examination, please check this box.

Patient's Signature _____ Date Signed _____

(Parent if Patient is a Minor)

Received By _____