



Welcome to Windsor Medical Aesthetics



Client Registration CONFIDENTIAL

Patient Name	Date Of Birth m/d/y	Today's Date
Address	Email	
	Home Phone #: () <i>This is the best number to reach me at</i> <input type="checkbox"/>	
Postal Code _____	Business Phone # () <i>This is the best number to reach me at</i> <input type="checkbox"/>	
Occupation	Mobile Phone # () <i>This is the best number to reach me at</i> <input type="checkbox"/>	
Emergency Contact Name	Referred by	
Emergency Contact Phone # ()		

I would appreciate a reminder call 24 - 48 hours previous to my appointment time. Y N
 I would like to receive our e-newsletter or information on specials. Y N

**Please note that appointments must be cancelled
at least 24 hours in advance or a missed appointment fee will be charged**

Windsor Medical Aesthetics offers a team of health and beauty care professionals.
Please indicate the areas of treatment you may be interested in.

<p>Sue Windsor, R.N. Medical Aesthetics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Injectable/Fillers (e.g. Juvederm, Botox) <input type="checkbox"/> Photofacials: Pigmentation, Redness, Lines <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> Medical Skin Care <input type="checkbox"/> Cellulite & Contour Treatment <input type="checkbox"/> ST firm & tightening 	<p>Kathy Donaldson, R.M.T. Registered Massage Therapist</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stress Relief <input type="checkbox"/> Deep Muscle Treatments <input type="checkbox"/> Stimulating Massage <input type="checkbox"/> Pain Reduction Therapy
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