DERMAHEALTH LASER ASSOCIATES
CLIENT PROFILE

Cheri A. Post, M.D., Medical Director for DermaHealth Laser Associates, was a Board Certified Family Physician and practiced Family Medicine for over 25 years. She sold her practice in 2002 to open an aesthetics anti-aging practice.

Name:_____**Date of Birth:** _____

Phone:_____**Work:**_____**Cell:**_____

Address:_____

City:_____**State:**____**Zip:**_____**DL#:**_____

E-mail:_____

Employer:_____**Occupation:**_____

Credit Card# to be kept on file: Type ____**#** _____ **Exp.:**_____ **CV #** ___

Spouse Name:_____**Occupation:**_____

Work Phone:_____**Cell:**_____

Person to contact in case of an emergency

Name:_____**Relationship:**_____

Phone:_____**Work:**_____**Cell:**_____

I hereby give this office permission to contact me by (please check all that apply)

__ US Mail **__ Telephone** **__ Work telephone**

__ Cell phone **__ Pager** **__ E-mail**

Whom may we thank for referring you?_____

For the purpose of this documentation, I also consent to the taking of before and after photographs/videos of said procedure, which become the sole property of DermaHealth Laser Associates used only for charting client progress.

Signature:_____**Date:**_____

REV:10-2014