



_____ MIL
2010



elcome to Boise Image Enhancement Centre and the Boise Vein Center

Name: _____ Date: _____
(First) (Middle Initial) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

How would you like to be contacted if necessary? Circle all that apply.
Any Number Above Home Work Cell Phone Text Email

We will text a confirmation to your cell phone unless you check this box

_____ MIL

E-Mail: _____

Would you like to be on our email message specials list? Yes No

_____ MIL

Would you like to be on our text message specials list? Yes No

Birth Date: _____/_____/_____ Age: _____ Gender: _____

Employer: _____ Occupation: _____

In Case of Emergency, please contact: _____

Phone: _____ Cell Phone: _____



Please Tell Us About Yourself...

What Procedures are you interested in? Check all the boxes below that apply.

_____ MIL

- | | | |
|-------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Hair Removal | <input type="checkbox"/> Professional Skin Care | <input type="checkbox"/> FotoFacial RF |
| <input type="checkbox"/> Facial Veins | <input type="checkbox"/> Chemical Peel | <input type="checkbox"/> Facial Polish Resurfacing |
| <input type="checkbox"/> Botox Cosmetic | <input type="checkbox"/> Leg Veins | <input type="checkbox"/> Improve Aging Skin |
| <input type="checkbox"/> EpiLift RF Skin Rejuvenation | <input type="checkbox"/> Clinical Facials | <input type="checkbox"/> VelaSmooth Cellulite and Fat Reduction |
| <input type="checkbox"/> MicroDermabrasion | <input type="checkbox"/> Epi-Sound Ultrasound Skin Treatment | |
| <input type="checkbox"/> Brown or Red Spot Removal | <input type="checkbox"/> Radiesse Facial filler | <input type="checkbox"/> Latisse Eyelash Enhancement |
| <input type="checkbox"/> Restylane Facial Filler | <input type="checkbox"/> ClearLight Acne Treatment | <input type="checkbox"/> Fraxel Face/Body Resurfacing |
| <input type="checkbox"/> Collagen Facial Filler | <input type="checkbox"/> Acne Treatment | |
| <input type="checkbox"/> Juvederm Facial Filler | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> I DON'T KNOW! | | |

In the past, have you ever had laser treatments or cosmetic procedures? Yes No

If Yes, explain: _____

You may schedule online as well as check when your next appointment is. Your history is also available online. If you would like to access your account online, please fill out your email and create a password below. You may earn points (which you may spend as money) each time you book your appointment online! **Create a password that will be used for this account only (a suggestion is BoiseImage or beauty, etc.) You may change this password when you are online at anytime if you wish.**

_____ MIL

Email: _____ Password: _____

We may mail you a confirmation postcard. If you do not wish to receive mail from us, please check this box.

_____ MIL

_____ MIL

How did you hear about Boise Image Enhancement Centre Inc and/or the Boise Vein Center?

- TV Yellow Pages Web Site Newspaper
 Radio Postcard Facebook/Twitter Friend/Family Physician
 Other: _____

Whom may we thank for referring you? _____

Thank you