

**Client Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_ Evening Ph: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_ Gender:  Male  Female

**Referral**

How did you hear about us?: \_\_\_\_\_

**Email/Mobile Preferences**

Confirmation Emails:  Send  Do not send  
E-Luxe Letter:  Send  Do not send  
Promotional Emails:  Send  Do not send  
Promotional Texts: Opt in by texting "Pure Luxe" to 31996.

**Service/Treatment Interest**

Please select the services that you'd like to speak with one of our providers about:

<input type="checkbox"/> Botox/fillers	<input type="checkbox"/> miraDry	<input type="checkbox"/> Salon services
<input type="checkbox"/> CoolSculpting	<input type="checkbox"/> Tattoo Removal	<input type="checkbox"/> Spa services
<input type="checkbox"/> Laser Hair Reduction	<input type="checkbox"/> HCG Weight Loss	<input type="checkbox"/> Spa Membership
<input type="checkbox"/> Laser Skin Rejuvenation	<input type="checkbox"/> B12 or Vitatrim Injections	<input type="checkbox"/> Spa Parties