

4790 Table Mesa Dr, Ste 108 Boulder, CO 80305

Phone: (303) 554-4444 Fax: (303) 499-1308

Gr8 Alchemy Patient Registration

Patient Name		Date	MM/DD/YYYY	Sex	Age
Home Address		City		State	Zip
Mailing Address (if different)		City		State	Zip
Home No. Work No.		Cell No.		Email	
Employer's Name					
Employer Address		City		State	Zip
Primary Physician				<u> </u>	
Whom may we thank fo	r referring you to our practice?				
Reason for visit?					
What other services	would you like further informa	tion on? (Fill in	bullets)		
 Zerona Laser Treatment Varicose Veins Laser Treatment Facial Frequency Specific Microcurrent Thermography Imaging Botox Dermal Fillers Latisse 		 HCG Diet Bio-Identical Hormone Replacement Skin Allergy Testing Nutrition & Supplements Acupuncture Nutritional IV Therapy Detoxification 			
Emergency Contact Nar	me	Relationship)		
Address		City	City		Zip
Home No.		Cell No.			

Financial Policy/Cancellation Policy:

We would appreciate your help and the courtesy of a call if you are unable to keep an appointment. Please notify our office at least 24 hours prior to the appointment time. We reserve the right to charge you a missed appointment fee of \$50 and three (3) non-canceled missed appointments are grounds for patient discharge. We will NOT bill for Aesthetic procedures. All procedures must be paid for prior to receiving services; no exceptions.