Alpha Medical Aesthetics

3150 N. Tenaya Way, Suite # 400 Las Vegas, NV 89128
Phone: (702) 683-2156 Fax: (702) 233-3055
Revised on 07/06/2026

PATIENT INFORMATION (PLEASE PRINT)				
Last Name First Middle				SSN
Preferred Name	Date of birth	Age	Marital Status ❑Single ❑Married ❑Divorced ❑Widowed ❑Separated	
Street Address City, State, ZIP		Cell Phone No.	Preferred Method of Communication ☐Text ☐Call ☐Email	
Occupation	Employer	Employer Address	Employer Phone No.	
How did you hear about our Office		Email Address		

EMERGENCY CONTACT			
Name	Relationship	Phone	Address

PHARMACY INFORMATION		
Name	Phone	Address

Primary Aesthetic Concerns: _____

Secondary Concerns: _____

Are you preparing for any special events? If yes, what is the date? _____

What skincare products do you currently use? _____

Current Prescriptions/Medications including prescription skincare: _____

I hereby attest that the above information is complete and accurate. I understand that the costs of the procedures are all my responsibility, and they would be all out of pocket. I further agree that no insurance would be billed for my procedures. I am responsible for full payment before scheduling. I also understand that **all sales are final and there will not be any cancellation and/or refund for my services rendered**. In the case of refund before services are rendered, 3% transaction fee for credit card payments will be non-refundable. In the event of unforeseeable conflicts, one time rescheduling is allowed with 48 hour prior notice.

_____

Print Patient/Guardian Name (if different) Signature Date