

**Patient Registration (Cosmetic)**  
**PLEASE FILL IN ALL BLANKS**

Date: \_\_\_\_\_

**GENERAL INFORMATION:**

Marital Status: Single Divorced Married Widowed

Mr. Mrs. Ms. Miss Dr.

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Primary Care Dr.: \_\_\_\_\_ Office #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Employer: \_\_\_\_\_

How did you hear about us? Friend/Family \_\_\_\_\_ Internet Insurance Magazine

Doctor \_\_\_\_\_ Existing Patient \_\_\_\_\_ Other \_\_\_\_\_

**SPOUSE INFORMATION:**

Spouse: \_\_\_\_\_ Spouse Contact#: \_\_\_\_\_

Spouse DOB \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

**PHOTOGRAPHIC CONSENT**

The following is my consent for Dr. Peterson or a staff representative to photograph me for the following purposes. *Using respectful and discretionary measures, the photographs may be viewed by medical health care professionals, as well as non-medical individuals.*

**Patient's file** Photographs are required for the patient's file and will be utilized for comparative review during the course of treatment.

**Office reference** These photographs may be used for educational purposes.

**Internet** The discreet use of photographs may be used exclusively on Dr. Peterson's educational website.

By signing, I am granting Dr Peterson permission to use my photographs as checked above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature