

Raleigh Dermatology Associates, PA

800 Springfield Commons Drive Suite 115 Raleigh, NC 27609

Fernando R. Puente, MD
Valerie B. Laing, MD

Michael G. Keene, PA-C
Lisa K. Harewood, PA-C
Melanie A. Adams, PA-C

Chart #: _____

Doctor #: _____ Date _____

Patient Information

Name: _____

Address: _____

Phone #: _____ Email _____

Procedures of Interest to You (please check)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Skin Care Advice/Products | <input type="checkbox"/> Laser Treatment | <input type="checkbox"/> Botox |
| <input type="checkbox"/> Restylane, Juvederm, Sculptra | <input type="checkbox"/> Spider Vein Treatment | <input type="checkbox"/> Clearlight |
| <input type="checkbox"/> Liposuction | <input type="checkbox"/> Lipotherapy | <input type="checkbox"/> FotoFacial |
| <input type="checkbox"/> Endermologie | <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Fraxel |
| <input type="checkbox"/> Chemical Peels/Microdermabrasion | | |

How did you hear about us?

- My Doctor, whose name is: _____
- My Insurance Company: _____
- The Yellow Pages (which ad): _____
- Newspaper Ad (check one): News & Observer Other (please specify): _____
- Radio Station
- TV
- A friend or family member, whose name is: _____
- Seminar/The event was: _____
- Internet/Website: _____
- Skin Solutions Employee: _____
- Other (please specify): _____