



## **PATIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

*If patient is under the age of 18:*

Parent or legal guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **How did you hear about us?**

Online Search: \_\_\_\_\_ Real Self: \_\_\_\_\_ Social Media: \_\_\_\_\_

Existing Patient: \_\_\_\_\_ Friend: \_\_\_\_\_ Other: \_\_\_\_\_

By signing below, I understand the Eros Beauty and Wellness 24-hour cancellation policy below:

- We require a \$50 or \$100 deposit (depending on your type of treatment) to hold your appointment. Any missed appointment, cancellation, or reschedule made less than 24 hours from your appointment time will forfeit your appointment deposit. Most appointment deposits will be applied to any treatment purchased at your appointment or will be refunded if the appointment is kept and you have prepaid for treatments.

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

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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