



Skin Care Registration

Romeo Medical Clinic
1801 Colorado Ave #120
Turlock, Ca 95380
(209)216-3456



Patient Last Name_____ First Name_____

Address_____ City_____

State_____ Zip Code_____ Telephone_____

Sex_____ Date of Birth_____ Age_____ Marital Status_____

Emergency Contact_____ Relationship_____

Phone Number:_____

What services will we be seeing you for in our office today?

- Botox
- Cosmetic Fillers
- Skin Care Consultation (Acne)
- Latisse Eyelash Enhancement Kit

Romeo Medical Clinic gladly accepts the following as forms of payment: Cash, Visa, MasterCard, American Express, & debit cards.

I hereby acknowledge that all the above information is correct. I understand that I am financially responsible for all medical services/procedures that are performed by the physicians of Romeo Medical Clinic.

Patients Signature _____ Date _____

By submitting this form, you agree to the terms and conditions of treatment and payment of services.