

Please fill this out and bring with you to your consultation.

The Laser Skin Center

ACKNOWLEDGMENT OF RECEIPT

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF

The Laser Skin Center

PRIVACY NOTICE BEARING and HIPAA
AN EFFECTIVE DATE OF JULY 7, 2008.

Name of Individual (Printed)_____

Signature Individual_____

Designated Personal Representative_____

Relationship_____

Date Signed_____