

QnA Medical Spa & Cosmetic Surgery

=====**Patient Information**=====

NAME _____
FIRST MIDDLE LAST

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ SNN# _____ BIRTHDATE _____

HOME PH _____ CELL PH _____ SEX: MALE FEMALE

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED (CIRCLE ONE)

RACE _____ ETHNICITY _____ LANGUAGE _____

EMPLOYER _____ WORK PH _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY _____ PH # _____

WOULD YOU LIKE TO RECEIVE EMAIL UPDATES ABOUT NEW PRODUCTS AND PROCEDURES?

YES NO

=====**Responsible Party**=====

(Required if patient is under the age of 18)

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT:

FIRST MIDDLE LAST

RELATIONSHIP TO PATIENT _____ BIRTHDATE _____ SSN# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PH _____ CELL PH _____ SEX: MALE FEMALE

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED (CIRCLE ONE)

EMPLOYER _____ WORK PH _____

X _____
SIGNATURE OF PATIENT OR PARENT IF MINOR

X _____
DATE

Ponchatoula _____ Covington _____ Walker _____



148 West Pine Street
Ponchatoula, LA 70454

Let us know how you found out about us!
Please check **ALL** that apply.

- QnA or Benson Dermatology Website
- Doctor Referral (doctor's name) _____
- Former Patient
- Patient Referral
- Internet Search (search engine used) _____
- Tangi LifeStyles Magazine
- Social Media (which platform) _____
- Office location
- Word of Mouth
- Other _____

Thank you for choosing QnA Medical Spa and Cosmetic Surgery! What factors contributed to your decision?



148 W Pine Street
Ponchatoula, LA 70454
985-370-1762

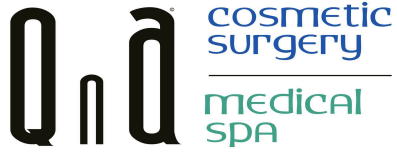
Notice of Privacy Practices

I, _____ have read and understand the
Notice of Privacy Practices.

Patient's Name (**Please Print**)

Patient **or** Guardian's Signature

Date



148 W Pine St
Ponchatoula, LA 70454
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Release of Medical Records

Date: _____

I, _____ hereby authorize the following individuals to retrieve my medical history including laboratory findings.

Signature of patient
or guardian

_____	_____	_____
Name	Date of Birth	Relationship to Patient

_____	_____	_____
Name	Date of Birth	Relationship to Patient

_____	_____	_____
Name	Date of Birth	Relationship to Patient

_____	_____	_____
Name	Date of Birth	Relationship to Patient

QnA Office Policies

No Show Policy

In consideration of other QnA Cosmetic Surgery and Medical Spa patients and the staff, please give at least a 24 hour notice of an appointment cancellation. Should a patient miss the scheduled appointment without giving notice, the patient is considered a "no show" and may be subject to a \$75 no show fee in order to schedule an appointment with our practice again. If a patient fails to show for a scheduled appointment three times without giving a 24 hour notice, the patient will be dismissed from the practice.

QnA Cosmetic Surgery has a separate cancellation policy in the event a surgery is scheduled with one of our board certified dermatologists.

Late Arrivals

In consideration of other QnA Cosmetic Surgery and Medical Spa scheduled patients and the staff, please notify our practice if you will be more than 10 minutes late for your scheduled appointment. In the event of a late arrival time past 15 minutes of the patient's originally scheduled appointment time, we will make every effort to see you in a timely manner though you may need to be rescheduled. However, please understand that patients with scheduled appointments will be seen first. If you cannot wait and would prefer to be rescheduled, our front desk coordinator would be happy to assist you.

QnA Medical Spa Return/Refund Policy

All sales are final on opened makeup and skin care products. If an allergic or adverse reaction happens, please contact us immediately.

Returns of unopened makeup and skin care products will be fully refunded.

Unused procedures sold in a package cannot be transferred to another procedure or product or transferred to another patient's profile. A package of procedures will not expire, but refunds on the remaining unused value cannot be given after six months from the date of purchase of the package. If a package is refunded within a six month period, any used procedures will retain their full retail individual procedure value.

Gift cards cannot be redeemed for cash.

*We value our patient relationships and want to protect patients' rights. We will terminate patients from our practice after consideration for reasons including not showing for too many appointments, not complying with medical care, being hostile to **ANY** staff member, or not paying your bills.*

Patient Name: _____

Patient or Guardian Signature: _____

Date: _____