TOC MedicalSpa

Austin Medical Plaza
3705 Medical Parkway, Suite 130
Austin, Texas 78705

Tel (512) 533-7317
Fax (512) 458-4824
www.tocmedicalspa.com

Patient Registration

Today's Date _____

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____Work Phone _____

Email _____

Date of Birth _____ Age _____ Sex _____ Driver's License # _____

Name of Spouse _____

If a Minor, Name of Parent or Legal Guardian _____

Emergency Contact _____ Relationship _____

Phone Number _____

How did you hear about us? _____

___ Check if you would like to receive email updates about offers, events, and other news at TOC Eye & Face and TOC Medical Spa.

___ I approve pre-treatment and post-treatment photos to be taken for my medical record.

Signature _____

Acknowledgement of Privacy Practices (Please Initial) _____

Payment is expected at the time services are rendered. Thank you.