

BELLA VIA SKIN AND BODY THERAPIES – WAX CLIENT INFORMATION FORM

Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Occupation: _____

(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)

How were you originally referred to Bella Via? (Please circle and add note if applicable.)

Dr. Colville Dr. Zavell Website Friend: _____ Other: _____

Are you currently using Tazorac, Retin-A, Renova, or Differin? _____ What strength? _____
For how long? _____ How frequently? _____ Where do you apply it? _____

Have you ever been on Accutane? _____ If yes, how long ago? _____

When was the last time you have waxed/tweezed/shaved? _____

Client Signature: _____ Date: _____



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