SKIN RITUAL™
aesthetic clinic

Release of Patient Information

Name: _____ DOB: _____/_____/_____

Preferred contact phone number:

- ▫ Cell:_____
- ▫ Home:_____

Okay to leave detailed messages on voicemail? (Please circle) **Yes** **No**

Appointment Reminders & Messages:

- ▫ I give my consent to receive messages on my cell phone via text for appointment reminders. These messages may contain office promotions.
- ▫ I decline cell phone text messages

Email Communication:

- ☐ I give my consent for Skin Ritual and/or Desert Sky Dermatology to communicate with me via email regarding my care to the following email address: _____
- ☐ I decline email communication

*Reminder: Appointments cannot be made, cancelled, or rescheduled through Instagram or any other social media platform.

Okay to discuss my health or billing information with:

Name: _____ Relationship:_____

Name: _____ Relationship:_____

- ▫ **Do not discuss my information with anyone**

Consent to Download Medications via Surescripts: I authorize Skin Ritual and Desert Sky Dermatology to view all available prescription history from any external source. I am aware that Skin Ritual uses a secure connection to Surescripts to send and receive most prescriptions from this office.

I have completed and understand the information detailed on this form.

_____ _____

Signature of Patient or Legal Guardian Date