



**Stephanie Maguire**  
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 Alexandria, LA 71303  
 318-820-6533

## Patient Information

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Permission to Text? \_\_\_\_\_ Email: \_\_\_\_\_

Alle: \_\_\_\_\_

Aspire Rewards: \_\_\_\_\_

Obagi: \_\_\_\_\_

SkinCeuticals: \_\_\_\_\_

## Medical History

Past Medical History	Yes	No
Accutaine Use		
Nicotine Use		
Hyperpigmentation		
MS/ Myaesthesia Gravis		
Asthma		
Aspirin Use		
Anticoagulation		
Fish Oil		
Herbal Supplements		

Daily Medicine	Dose	Frequency

Drug Allergies	Reaction

Previous Injectables / Products	Date