

SKIN & LASER CENTER OF NJ
CONSENT TO EMAIL

We are requesting your email address in order to keep you informed of news and special promotions.

Check all that apply:

_____ I would like to get information on general office and medical updates

_____ I would like to get information on cosmetic promotions

I give my permission for Skin & Laser Center of NJ to send me e-mails at the following email address:

(email address)

X _____ Date: _____
(Patient signature; if minor then parent/guardian must sign)

(Print patient / guardian name)