



Registration Form

PLEASE PRINT CLEARLY

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: (please circle) Male Female Transgender

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)____-____ Email: _____

Race/Ethnicity: _____ Occupation: _____

How did you hear about us? (Please Specify)

Friend/Family (Name): _____ Sign/Ad (Location): _____

Internet search/Google Event Facebook Instagram Gift certificate Reddy Medical Offices

Other: _____

Would you like to receive monthly specials via email? (Please circle) Yes No

Would you like to receive appointment reminders via email? (Please circle) Yes No

Primary reason for consultation: _____

“Images” Authorization (Non-optional)

I hereby authorize Yuva Medical Spa/Dr. Ram K. Reddy to take “Images” (including but not limited to: photographs, videotape or digital images) of me so that my treatment results and progress will be monitored and reviewed accurately. I understand that these “Images” are confidential and Yuva Medical Spa/Dr. Ram K. Reddy, its affiliates, successors and assignees will not use my “Images” except as permitted on this authorization form and I hereby release Yuva Medical Spa/Dr. Ram K. Reddy from any claim demand, cause, action, or proceeding of whatever nature arising of the said “Images” in accordance with the terms of this release.

By signing this authorization, I acknowledge that I have read and understand the statements contained herein. I understand that I will be given a signed copy of this form upon my request.

Print Name

Signature

Date

Optional “Images” Release

By initialing below, I hereby authorize Yuva Medical Spa/Dr. Ram K. Reddy, its affiliates, successors and assignees to use and release my “Images” to the general public for the following purposes:

- 1) _____ Educational lectures, presentations, journals and textbooks for health care professionals.
- 2) _____ Patient education materials (website, brochures, before & after book, T.V. loop, etc.).
- 3) _____ General advertising, marketing, publicity or promotional purposes (testimonials, social media, etc.)

By signing this optional release, I understand this authorization is voluntary and I can revoke my authorization by submitting a letter in writing to Yuva Medical Spa/Dr. Ram K. Reddy stating that I revoke my authorization of the optional releases. Yuva Medical Spa/Dr. Ram K. Reddy will not disclose any more “Images” of me after receipt of the letter.

Print Name

Signature

Date