**Welcome to Allura Skin, Laser, and Wellness Clinic**

**Your appointment is scheduled on:**

DAY & DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK IN TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPT. TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER:

* Dr. Rebecca de la Torre
* Dr. Suzy Saenz
* Cathleen Robinson, PA
* Terra Bookout,, PA

LOCATION:

* 4450 Union Street; Suite 201; Johnstown, CO
* 2032 Lowe Street; Suite 103; Fort Collins, CO

PHONE NUMBER: (970) 223-0193 FAX NUMBER: (970) 669-5348 EMAIL: [hormonereplacement@alluraclinic.com](mailto:hormonereplacement@alluraclinic.com)

Please arrive 30 minutes prior to your appointment as there is additional paperwork to complete. If you do arrive 15 minutes late, there is a chance you will only have time for the *consultation* with the Provider and/or the pellet(s) insertion may have to be rescheduled.

***If a cancellation is necessary, please call at least 48 hours in advance.***

**COMPLETE ALL THE ATTACHED NEW PATIENT FORMS AND BRING THEM WITH YOU TO YOUR APPOINTMENT or YOU MAY FAX, MAIL, or EMAIL THE PATIENT FORMS:**

* Health History
* General Consent Form
* Fees for pellet therapy
* FAQ sheet
* HIPPA sheet
* Medical Release form
* Insurance Disclaimer
* Lab Disclaimer

**As always, please feel free to call us if you have any questions.**

**We appreciate the privilege of serving your health care needs**

**and look forward to seeing you soon.**