

E-Mail Address Request Form

Name: _____ DOB: _____ DATE: _____

E-Mail Address: _____

Yes, I would like to be contacted for the selected items:

- Appointment Confirmation/Reminder Telephone E-mail
- Product and/or Procedure specials
- Skin, health and well-being newsletters
- No, please do not contact me by e-mail

Be advised that the physicians at Accent Dermatology and Laser Institute do not treat patients or answer questions over the Internet and will not respond to any Internet queries. Please contact our office directly with any questions: 303-463-9600

We respect your privacy. *We will NEVER sell or otherwise distribute the emails collected to any third party.* The only purpose they will be used for is to send out emails to you for the email services *you* have requested