



108 Chelsea Grove Ct., Pasadena, MD 21122 410-255-0800 www.fittingsbymichele.com

**PATIENT**

**NAME:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Circle Preferred Office for Your Appointments: Pasadena Frederick Randallstown Salisbury**

**Please provide us the following information.**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Which of these numbers do you prefer us to use? \_\_\_\_\_

May we leave a message? \_\_\_\_\_


Please provide the following information to sign up to join the Fittings by Michele mailing list to receive our quarterly sales newsletter and invitations to our special events by e-mail.

**Email Address:** \_\_\_\_\_

Are you a breast cancer survivor? Yes or No

Please select the areas of interest for which you would like to receive occasional emails from us.

- Bras, Breast Forms & Special Apparel – New Items & Sales
- Arbonne Skin Care, Cosmetics, Nutrition

Fittings by Michele uses  **SafeUnsubscribe™** which guarantees the permanent removal of your email address from the Fittings by Michele list.

Note: In each email you receive, there will be a link to unsubscribe or change your areas of interest. Your privacy is important to us - please read our [Email Privacy Policy](#).

**May we speak with another individual or member of your family regarding your health care &/or billing information if you are not available? If so, list name, relationship & phone if different than yours.**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Date & initial changes for subsequent visits: \_\_\_\_\_  
\_\_\_\_\_