



Real people. Real results. Guaranteed.

1-800-345-4381  
Info@MyUltraSlim.com

## Admission Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Location Where Service Is Provided: \_\_\_\_\_

Services To Be Provided: \_\_\_\_\_

What are your treatment goals?

How did you learn about these services?

How did you learn that these services are offered at this location?

Do you have any questions?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date