



7478 Campus View Drive, Suite 100
West Jordan, UT 84084
(801) 542-7364

Brent Pugh, MD

Client Information

Name: _____
Last First Initial

Address: _____
Street City State Zip

SS# _____ Sex: M F Birth Date: _____ Age: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact

Name: _____
Last First

Relationship: _____ Phone: _____

How did you hear about our Laser Clinic? _____