



CLINICA ESCODA

MEDICINA ESTÉTICA Y REGENERATIVA



NAME

DATE OF BIRTH AGE

PROFESSION

DO YOU SUFFER FROM ANY CURRENT ILLNESS? SÍ NO

WICH?

ARE YOU CURRENTLY TAKING ANY MEDICATION? SÍ NO

WICH?

ANY ALLERGIES TO COSMETICS? SÍ NO

ANY ALLERGIES TO LOCAL ANAESTHETICS ? SÍ NO

WHEN WAS THE LAST TIME YOU RECEIVED A LOCAL ANAESTHETIC?

DATE

SIGNATURE

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HORARI

De dilluns a dijous de 10:30
a 20h
Divendres de 10:30 a 15h

ON SOM

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