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Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

**How did you hear about us?**

Referred by a physician (Name) \_\_\_\_\_

Referred by a friend (Name) \_\_\_\_\_

May we send them a thank you card for referring you? YES NO

May we include your name in the card? YES NO

**Please Circle One (if applicable)**

Insurance Company

San Antonio Hospital

Inland Empire Magazine

Internet Search Engine (i.e. google, yahoo, etc...)

Yelp

Daily Bulletin

Saw Office on Foothill

Saw Dr. Lee on TV

Other: \_\_\_\_\_

**What services or problems motivated your visit to our office?** \_\_\_\_\_  
(i.e. skin cancer, rash, Botox, etc...)

**If you are interested in receiving our bi-annual newsletter that may include promotional offers regarding cosmetic procedures and various cosmetic events, please fill out the information below. Your information will not be given to a third party. Please print clearly.**

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_