

**NOVAS, DOHR & COLL  
OB/GYN ASSOCIATES, S.C.  
Medical Spa**



Please enter the following personal information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Confirm Email Address: \_\_\_\_\_

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

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

Birthday: \_\_\_\_\_

**Log-In Information:**

**Username:** (your e-mail address provided above)

**Temporary Password:** botox  
(This can be changed after your first initial log in)

**Member #:** \_\_\_\_\_