



Live Demonstration Local Physician Follow-Up Form

Please complete and return this form to Erika Ortiz-Ramos, erika@theaestheticsociety.org no later than Friday, February 14, 2025.

To be completed by exhibiting company

Exhibiting Company: _____

Primary Contact: _____ Email: _____

To be completed by local physician

I, Dr. _____ agree to be the local licensed physician in Austin, Texas, for _____ (exhibiting company). I am willing to see _____ (patient's name) should there be any necessary follow up after the procedure done by _____ (insert demonstrators name) ON _____ (insert date).

Physician Name: _____

Signature: _____

License Number: _____