

**Pacific Frontier Medical, Inc.**  
**Chemical Sensitive Patient Form**

In consideration of sensitive patients and our staff members, please **do not** wear any perfumes, colognes, fragrances, lotions or scents in this office. Patient's and/or family member with strong fragrances may be asked to leave our office and reschedule their visit to ensure the safety of our other patients.

By signing this form, I have read and agree to comply with the above:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_