



## PATIENT PROFILE

FULL NAME

E-MAIL

HOME PHONE

CELL PHONE

ADDRESS

CITY  STATE  ZIP CODE

**DESCRIBE YOUR STYLE** (select one or more)

- CLASSIC     ECLECTIC     MODERN     COUNTRY

**SELECT A DESIGNSRX PRESCRIPTIVE** (select one or more)

- DESIGNER911     HOME STAGING  
 ROOM LIFT     THE POLISH  
 SPACE SURGERY     WINDOW EXFOLIATION  
 THE DETOX     ROOM MAKE-OVER

**ESTIMATED BUDGET**

- \$500     \$500 - \$1,000     \$1,000 - \$3,000     \$3,000 - \$5,000+

**INTERESTED IN** (select one or more)

- WEB CALL     PHONE CALL     HOUSE CALL

**PROJECT START/END DATES**

START DATE     END DATE

**ADDITIONAL COMMENTS**

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ONCE COMPLETED, SIMPLY PRINT, FILL OUT AND EITHER E-MAIL YOUR DESIGNSRX PATIENT PROFILE FORM TO  
INFO@DESIGNSRX.COM OR FAX TO (212) 202-7815  
QUESTIONS? E-MAIL TO INFO@DESIGNSRX.COM OR CALL (917) 748-8461