

PATIENT INFORMATION

REFERRED BY:	MAGIC	Metro Times	Word of Mouth	Yahoo
WRIF	95.5	Newspaper	Doctor	Cosmetic DOC Shop
WCSX	Style	Friend	AOL	Groupon
WDVD	HOUR	Patient	Google	Living Social

LAST NAME FIRST NAME

HOME PHONE CELL PHONE

EMAIL To subscribe to our mailing list and receive exclusive offers. FACEBOOK

ADDRESS

MARITAL STATUS: _____
S M D W DOB SEX AGE

OCCUPATION EMPLOYER WORK PHONE

SPOUSE'S NAME/OCCUPATION:

FAMILY PHYSICIAN PHONE NUMBER

WHAT PROCEDURE(S) ARE YOU INTERESTED IN?

HAVE YOU SEEN ANOTHER DOCTOR ABOUT THIS? _____
YES NO IF SO, WHAT HAPPENED WITH THIS DOCTOR?

WHEN ARE YOU THINKING OF HAVING THIS PROCEDURE?
ASAP 1-3 weeks 4-8 weeks 2-6 months Just here for a price quote

WHAT INFORMATION WILL MOST HELP YOU DECIDE ON THE PHYSICIAN, STAFF, AND FACILITY TO DO YOUR SURGERY?

Reputation	Trust	Quality	Convenience	Price	Board Certification
Confidence	Safety	Results	Experience	Facilities	

PROPOSED METHOD OF PAYMENT:
Cash Check Visa/MasterCard Loan

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME PHONE RELATIONSHIP TO YOU

As a Reminder, ALL previous balances are due at time of service. NO EXCEPTIONS! A fee of 18% interest will be charged on any balance not paid at the time of service or any balance not paid within 15 days of billing.

There is a cancellation fee of \$40.00 if you don't inform the office of your cancellation within 24 hours of your scheduled appointment, unless there are extenuating circumstances. I acknowledge that I am responsible for all the charges for services rendered to me.

PATIENT SIGNATURE Please print and sign. DATE

COMMENTS

MEDICAL HISTORY

PATIENT'S NAME

DATE

HAVE YOU SEEN ANOTHER DOCTOR ABOUT THIS? YES NO

IF SO, WHAT PROCEDURE, WHEN, AND BY WHOM

WHAT SPECIFICALLY WOULD YOU LIKE TO HAVE CORRECTED?

HOW LONG HAVE YOU BEEN CONSIDERING COSMETIC SURGERY?

MEDICAL INFORMATION

PLEASE ANSWER ALL OF THE FOLLOWING

ALLERGIES TO ANY MEDICATIONS

LATEX ALLERGY

ALLERGY TO EGGS

ALLERGY TO SHELLFISH

MEDICATIONS CURRENTLY TAKING

MEDICAL CONDITIONS

HAVE YOU EVER BEEN EXPOSED TO MRSA?

PAST SURGICAL OPERATIONS

COMPLICATIONS WITH PREVIOUS OPERATIONS OR ANESTHESIA? (IF SO, EXPLAIN)

WOMAN: IS THERE ANY POSSIBILITY YOU COULD BE PREGNANT? YES NO

HOW OFTEN DO YOU:

DRINK ALCOHOL: NEVER OCCASIONALLY OFTEN EVERYDAY

USE TOBACCO: NEVER OCCASIONALLY OFTEN EVERYDAY

USE DRUGS: NEVER OCCASIONALLY OFTEN EVERYDAY

DRINK COFFEE: NEVER OCCASIONALLY OFTEN EVERYDAY

DRINK TEA: NEVER OCCASIONALLY OFTEN EVERYDAY

DRINK WATER: NEVER OCCASIONALLY OFTEN EVERYDAY

DO YOU EAT REGULAR MEALS? YES NO

FAMILY HISTORY

Check any medical conditions in your immediate family

Diabetes

Hyper/Hypothyroidism

Seizure Disorders

Gerd (Heartburn)

Cancer

Hay Fever

Anemia

Lupus

Asthma

High Cholesterol

Malignant Hyperthermia

Hiv/Aids

High Blood Pressure

Heart Disease

Multiple Sclerosis

Migraines

Tuberculosis

Depression

Hernia

Sleep Apnea/Sleep Disorders

Hepatitis

Anxiety

Crohn's Disease

IF CANCER, WHAT TYPE?

APPOINTMENTS:

Scheduling is planned to allow the correct time for each service. Please be on time to ensure your full appointment time. We require a 24- hour notice in the event of cancellation.

LATE ARRIVALS:

If you are late for your appointment time, your treatment may be shortened so we finish on time for the next patient. The fee for the treatment will remain the same.

YOUR NEXT APPOINTMENT:

To insure availability and a convenient appointment, we recommend that you schedule your next visit before you leave.

TYPE OF PAYMENT ACCEPTED:

Visa, MasterCard, Discover, American Express, check, or cash.

GIFT CERTIFICATES:

Gift certificates make great gifts and are valid for one year from the date of purchase. Gift certificates are the same as cash and are not refundable or redeemable if lost or stolen.

PRE-PAID LASER PACKAGES:

We require a 24-hour notice in the event of a cancellation or rescheduling. If you fail to attend your scheduled appointment, you may lose that number treatment without being able to make it up. If you are more than 10 minutes late, you may lose your treatment and scheduled time.

POST-OP APPOINTMENT:

If you fail to arrive for your scheduled appointment, you will lose that appointment without being able to make it up.

HOURS:

Monday- Friday, 8:30 a.m. - 4:00 p.m.

WHAT TO WEAR TO YOUR SCHEDULED APPOINTMENT:

Please come ready for your appointments. Please wear comfortable, casual, and quick to remove clothing. Some services require you to change into a gown while other services you will remain in your clothing.

PATIENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE