

Center for Plastic Surgery

Confidential Patient Information

PLEASE PRINT (Cosmetic fill in clear only; Insurance fill in shaded also)

DATE: _____

Patient's Name _____
Last First Middle Name Called

Address: _____ Address: _____

(Local) _____ (Permanent _____

or Other) _____

Phone _____ Fax _____ Phone _____ Fax _____

Work _____ Cell _____ Work # _____

E-mail _____ Birthdate _____ Age _____ SSN _____

Sex _____ Marital Status _____ Spouse's Name _____ Tel. # _____

Not Employed Full Time Part Time Retired

Patient's Employer _____ Business # _____

Address _____

Spouse's Occupation _____ Spouse Birthdate _____

Address _____

Business # _____

Responsible Party: (Complete only if different from patient)

Name: _____ Phone: _____

Home Address: _____

Employed by: _____ Phone: _____

Busn. Address: _____

Occupation: _____ SSN _____

Emergency Contact: (Not living in same house) _____

Relationship _____ Tel # _____ Cell # _____ Work # _____

Country Club _____ Other _____

How did you hear of us? (Check Applicable and give specifics, i.e. Dr's., friend's, or newspaper name)

Doctor: Who? _____

Chamber of Commerce

Our Patient: Who? _____

Highlands-Cashiers Hosp.

Other Person: Who? _____

Harris Regional Hospital

Newspaper: Which? _____

Health Screening

Yellow Pages: Which? _____

Laurel Magazine

PlasticSurgeryToday.com Am.Soc Plastic Surgeons Web Site

Play/Concert Program

Am.Soc Aesthetic Plastic Surgeons Web Site MedlawPlus Web Site

The Season

Obagi Day Radio: Which? _____

Symposium/Talk

Insurance Information

Primary Carrier (Inc. Medicare) _____

Secondary Carrier _____

Tertiary Carrier _____

I, _____ hereby make Assignment of all surgical and major medical insurance benefits to Dr. Robert T. Buchanan. I also give authorization for Dr. Robert T. Buchanan to release any medical information necessary to execute an assignment of benefits. I understand that regardless of any insurance coverage I might have, I am personally responsible for all charges to this account. I further agree in the event of non-payment to bear the cost of collection and court cost and reasonable legal fees should this be required.

Date _____

Signature _____