South Bay Plastic Surgeons

PATIENT INFORMATION FORM

Name_____

Date of Birth _____ Gender_____

SS# _____-_____-_____

Address _____

City _____ State_____ Zip_____

E-mail address _____

Phone # (please check preferred phone number for contact):

- ❑ Home _____
- ❑ Cell_____
- ❑ Work _____Ext_____

Employer _____

How would you like us to contact you regarding your upcoming appointments?

❑ Email
❑ Text Message
If you selected text message above, please select your current cellular phone company:
❑ Verizon ❑ AT&T ❑T-Mobile
❑ Other _____

Who is responsible for your bill?

❑ Self ❑ Spouse ❑ Guardian ❑ Parent

Name _____

Who referred you to our office?

❑ Doctor ❑ Patient ❑ Friend ❑ Internet ❑ Other

Name _____

Who should we contact in the case of an emergency?

Name _____ Relationship _____

Phone #: Cell_____

Work _____Ext_____

Primary Care Physician (complete in full)

Physician's Name _____
first last

City _____

Phone _____

Photography Consent

I authorize the physician or his/her assistant to take digital photographs. These photographs are the doctor's property. The photographs will be a permanent part of the record and they will be used for surgical, office, and insurance purposes.

Signature _____ Date _____

Authorization for Payment/Release of Medical Records

I authorize release of medical records and payment of benefits to the physician and allow a photocopy of my signature to be used to file insurance. I understand that my insurance may not cover all fees and services provided and I will be responsible for the unpaid balance.

Signature _____ Date _____

Acknowledgement of Receipt of Notice of Privacy Practices

Notice to Patient: We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Your signature on this form acknowledges your receipt of the Notice.

I acknowledge that I have received a copy of the South Bay Plastic Surgeons' Notice of Privacy Practices.

Signature _____ Date _____

Charles W. Spenler, MD Michael K. Newman, MD Lisa L. Jewell, MD

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