

Patient Registration (Date: _____)

Patient's Name: _____

(First) (Middle) (Last)

Street Address: _____

(Street & Apt. #) (City) (State) (Zip)

Home Phone: (_____) Cell Phone: (_____) Other Phone: (_____) _____

Email: _____ Any restrictions for contacting you? ___ (no) ___ (yes)

Contact Restrictions: (specify) _____

Age: _____ Birth Date: _____ SS#: _____ DL#: _____ Gender: M / F

Marital Status: ___ (Single) ___ (Married) ___ (Other) Spouse/Partner's Name: _____

Patient's Employer/School: _____ Occupation: _____ Full/Part Time

Work Phone: (_____) Ext. _____ Is it okay to call you at work? ___ (yes) ___ (no)

Work Address: _____

(Street & Suite #) (City) (State) (Zip)

How did you hear us? (check all that apply)

- Referred by a friend/relative
- Referred by a doctor/physician
- Referred by a company/organization
- TV
- Internet
- Magazine
- Email
- Event
- Other

Name of referral: _____

Emergency Contact (does not live with you): _____ Relationship to Patient: _____

Emerg. Contact Address: _____

(Street & Apt. #) (City) (State) (Zip)

Home Phone: (_____) Cell Phone: (_____) Other Phone: (_____) _____

Areas of Interest: (circle all that apply)

Facial Procedures

- Blepharoplasty (eyelid lift)
- Botox
- Brow or Forehead Lift
- Facial Liposuction
- Face or Neck Lift
- Lip Enhancement
- Otoplasty (ear surgery)
- Rhinoplasty (nose reshaping)
- Skin Resurfacing (laser, peel, etc.)
- Wrinkle Fillers (injections)

Breast Procedures

- Breast Augmentation
- Breast Reconstruction
- Breast Reduction
- Mastopexy (breast lift)
- Nipple Reduction/Inversion

Body Procedures

- Abdominoplasty
- Brachioplasty (arm lift)
- Full Body Lift
- Liposuction
- Thigh or Buttock Lift

Other Procedures

- Skin Care
- Endermologie
- Spider Veins
- Laser Hair Removal
- Lesions/Moles

I hereby certify that all of the information stated above is true. I understand that I am financially responsible for all charges whether or not they are covered by insurance. I further agree that a photocopy or scanned electronic copy of this agreement shall be as valid as the original. Unless otherwise stated, I agree to receive information (quarterly newsletter, special events, promotions, healthcare tips, etc.) from Beverly Hills Plastic Surgery, Inc. via mail and electronic mail.

Signature: _____

Date: _____