



ANDREW SMITH
MD FACS
PLASTIC AND RECONSTRUCTIVE SURGERY

New Patient Information

Today's Date: _____

Welcome to the office of Andrew Smith, MD, FACS. As a new patient, please fill out the information found below to the best of your ability. Please answer these health and beauty related questions to help us design the ideal experience for you. All information will remain confidential. *The information provided below and during your scheduling may be used to contact you. Please do not provide information if cannot be used.*

(Patient) Last: _____ **First:** _____ **Middle:** _____

SSN: ____ - ____ - ____ **Drivers License Number:** _____ **Date of Birth:** ____/____/____ **Age:** ____

Mailing Address: _____

City: _____ **State/Country:** _____ **Zip Code:** _____

Telephone: Home: _____ **Work:** _____ **Cell:** _____

Primary Email Address: _____

Sex: Female Male **Martial Status:** Single Married Widowed Separated Divorced

Patient Employed by: _____ **Occupation:** _____

How did you hear about Andrew Smith, MD, FACS?

Real Self Yelp Social Media New Beauty Other/Define: _____ Referred by: _____ Patient

Please check all of Dr. Andrew Smith's surgical and non-surgical procedures that interest you:

<p>FACE:</p> <input type="checkbox"/> Facelift, Neck Lift <input type="checkbox"/> Eyelid Surgery <input type="checkbox"/> Prominent Ear/Otoplasty <input type="checkbox"/> Other: _____ _____	<p>BREAST:</p> <input type="checkbox"/> Breast Augmentation <input type="checkbox"/> Breast Revision/Reconstruction <input type="checkbox"/> Breast Lift <input type="checkbox"/> Breast Reduction <input type="checkbox"/> Nipple Surgery <input type="checkbox"/> Other: _____	<p>BODY:</p> <input type="checkbox"/> Tummy Tuck <input type="checkbox"/> Surgical Body Contouring (Liposuction) <input type="checkbox"/> Body Lift, Arm Skin Reduction <input type="checkbox"/> Other: _____
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<p>NON SURGICAL:</p> <input type="checkbox"/> Botox Injections <input type="checkbox"/> Dermal Fillers (e.g. Voluma, Juvederm) <input type="checkbox"/> CoolSculpting <input type="checkbox"/> Peels to Improve Skin Quality/Pigmentation <input type="checkbox"/> Anti-Aging Prevention Skincare <input type="checkbox"/> Kybella	<p>NON SURGICAL (cont.):</p> <input type="checkbox"/> Permanent Make-Up <input type="checkbox"/> Sun Damage Repair <input type="checkbox"/> Clear + Brilliant <input type="checkbox"/> Eyelash Enhancement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unsure, Need Consultation
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EMERGENCY CONTACT:

Name: _____ **Phone:** _____ **Relationship:** _____

INSURANCE: (INSURANCE PATIENTS ONLY):

Name of Insurance Provider: _____ Primary Insurer: _____

Contact #: _____ Group #: _____ SSN: _____

ASSIGNMENT AND RELEASE (INSURANCE PATIENTS ONLY): I, undersigned, have insurance coverage with the company named above. I assign directly to Dr. Andrew Smith, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, including possible hospitalization, whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all of my insurance submissions.

Patient Signature: _____ Date: _____