

PATIENT CONTACT INFORMATION

Your confidentiality is paramount to us

How would you like us to contact you for messages?

Home phone number: (_____) _____

- OK to leave message on answering machine.
- DO NOT** leave message on answering machine.
- NO**, do not call my home, use alternate number.

Alternate number: (_____) _____

Work phone number: (_____) _____

- OK** to state why we are calling.
- DO NOT** state why we are calling

Cell phone number: (_____) _____

- OK** to call and/or leave a message on my cell phone.
- OK** to send a text message to my cell phone. List carrier: _____

E-mail address: _____

- OK** to contact me via e-mail

For written material to be mailed to me, please send to this address:

_____ OK TO SEND MAIL INFO.
_____ PLEASE **DO NOT** SEND INFO.

I AM INTERESTED IN:

FACIAL REJUVENATION

- Brow Lift
- Eyelid Surgery
- Nasal Surgery
- Face Lift
- Chin

BODY CONTOURING

- Tummy Tuck
- Liposuction
- Arm Reduction

AESTHETICIAN SERVICES

- Skin Care
- Peels

BREAST

- Augmentation
- Reduction
- Lift

NON-SURGICAL

- Laser (Hair removal, Vein)
- Botox
- Fillers (Collagen)

NUTRITION

- Weight Reduction
- Antiaging

HOW DID YOU HEAR ABOUT THIS OFFICE?

- Patient
- Print Ad
- Friend
- Physician
- Market Night
- Internet
- Yellow Pages
- Seminar
- American Society of Plastic Surgeons
- Other _____

PRINT YOUR NAME: _____ DOB: _____

Patient Signature: _____ Date: _____

PLASTIC SURGERY SPECIALISTS AND SERVICES, INC.

- Robert A. Hardesty, M.D., F.A.C.S.
- Della C. Bennett, M.D.
- Leah R. Zalsman, PA-C

Patient Name:

DOB:

MR#:

Date of Service: