The Galleria Surgery Center Henry F. Garazo, MD, FACS Plastic Surgery Services 1140 Conrad Court

Hagerstown, MD 21740 P: 301-791-1800 • F: 301-791-9253

Today's Date: \_\_\_\_\_

www.plasticsurgeryservices.net

## Welcome To Our Office!

□ Mr. □ Mrs. □						□ Female	□ Male
					you prefer to be cal	lled?	
Home Address:							
		St			:		
Telephone: (				-	Leave A Message?		NO
Cell Phone: (				-	Leave A Message?		NO
Work Phone: (	)			May We	Contact You At Wo	rk? YES	NO
		Age:					
				Would \	You Like To Join Our	Email List? YES	3 NO
Do you have a Face							
Occupation:				SSN:			
	-	ried 🗆 Widowed					
Employer's Address							
					·		
		ur visit and result(s) ເ		Pilysiciai vico stato	n: d NO		
• •	•	ur visit and result(s) t			d NO		
Caralologist (ii app							
Responsible Party	Or Next Of Kin: _						
Relationship To Pa	tient:						
Home Address:							
		St					
				one: (	)		
Birth Date:/	/	Age:					
Employer:							
Employer's Addres	s:						
Work Phone: (	)						
How did you learn	about our praction	ce? (Please Circle)					
•	Internet – Wha	it Web Site?					
•	PlasticSugerySe	ervices.Net Web Site?	)				
•	Hagerstown M	agazine					
•	Friend – Who?						
•	Other Patient -						
•	Phone Book:	Hagerstown	Martinsburg	g Gett	ysburg Frederic	k Allegh	neny
		Charlestown	Jefferso	n County		Waynesbo	

I give permission for photographs to be taken before, during , and after my surgery for the purposes of documentation and educational purposes that may be in a photo book only provided my identity is not revealed by the pictures.

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## **Insurance Information**

Patient's Name:			Today's Date:
	Middle	Last	
{Primary Insurance}			
Name Of Insurance Company:			
Address:			
City:	State:		Zip:
Insured's Name:			Relation To Patient:
Policy/ID Number:		Group Number	; <u> </u>
{Secondary Insurance} Name Of Insurance Company:			
Address:			
City:			
Insured's Name:			Relation To Patient:
Group Number:			·;
Did your injury happen on the job?	YES	NO	
If yes, on what date did the injury occur?			
If yes, on what date did the injury occur?  Did you report the accident to your employer?	YES	NO	
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deduc  Signature Of Patient Or Responsible Party:	services, tible, co- <sub> </sub>	to both your prim	ered service amounts.
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deductors and the second state of Patient Or Responsible Party:  Date:	services, tible, co- <sub> </sub>	to both your prim	ered service amounts.
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deduc  Signature Of Patient Or Responsible Party:	services, tible, co- <sub> </sub>	to both your primoay, and non-cove	ered service amounts.  I authorize payment of medical and surgica
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deductors and the second states are seconsible party:	services, tible, co- <sub> </sub>	to both your primoay, and non-cove	ered service amounts.
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deductions.  Signature Of Patient Or Responsible Party:  Date:  I authorize the release of any medical	services, tible, co- <sub> </sub>	to both your primoay, and non-cove	I authorize payment of medical and surgical benefits to Plastic Surgery Services,
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deductors and the second state of Patient Or Responsible Party:  Date:  I authorize the release of any medical information necessary to process my claim.	services, tible, co- <sub> </sub>	to both your primoay, and non-cove	I authorize payment of medical and surgice benefits to Plastic Surgery Services, Henry F. Garazo, MD FACS.
Did you report the accident to your employer?  Our office will file insurance for all reimbursable remember that you are responsible for all deduc Signature Of Patient Or Responsible Party:  Date:  I authorize the release of any medical information necessary to process my claim.  Signed:	services, tible, co- <sub> </sub>	to both your primoay, and non-cove	I authorize payment of medical and surgic benefits to Plastic Surgery Services, Henry F. Garazo, MD FACS.  Signed:

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Person or persons to whom Plastic Surgery Services may disclose personal health information regarding treatment on your behalf. The order shall remain in the effect until revoked by me.

Name/Relation:	Telephone: (	)
I acknowledge that I have received a copy of the Privacy No	_	•
HIPPA Policy which states we cannot give your information	out to anyone witho	out your consent.
Printed Name		
Signature		
Date		



Witness

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## Cosmetic medical services or procedures of interest to you (please check all that apply)

Cosmetic Surgical Procedures	Cosmetic Non-Surgical Procedures
<ul> <li>□ Breast Augmentation (Enlargement)</li> <li>□ Mastopexy (Breast Lift)</li> <li>□ Abdominoplasty (Tummy Tuck)</li> <li>□ Gynecomastia (Male Breasts)</li> <li>□ Liposuction</li> <li>□ Face Lift</li> <li>□ Blepharoplasty (Eyelids)</li> <li>□ Breast Reduction</li> <li>□ Forehead Lift</li> <li>□ Rhinoplasty (Nose Reshaping)</li> <li>□ Fat Injections / Lip Enhancement</li> <li>□ Otoplasty (Protruding Ears)</li> </ul>	<ul> <li>□ Botox/Dysport Injection For Wrinkles</li> <li>□ Prevelle Silk/Juvederm Injectable Fillers</li> <li>□ Radiesse Dermal Filler</li> <li>□ Chemical Peels</li> <li>□ Microdermabrasion</li> <li>□ is Clinical Innovative Facial</li> <li>□ Skin Care Clinic         <ul> <li>-Featuring Bio Medic, Nia24,</li> <li>SkinCeuticals &amp; is Clinical</li> </ul> </li> <li>□ Latisse</li> </ul>
How did you hear about us?	
My physician, whose full name is  A friend or family member (name)	
Another person not listed above	
My insurance company provider directory	
A seminar where I saw the doctor. The event was	
An article or ad in	
The yellow pages (which ad)	
Internet (which site)	

