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 www.plasticsurgeryservices.net

Welcome To Our Office!

Today's Date: _____

□ Mr. □ Mrs. □ M	ls. 🗆 Miss 🗆 Dr.					Female	🗆 Male
Name:			What nar	me do you	prefer to be called?		
Home Address:							
City:		State:			Zip:		
				May We I	eave A Message?	YES	NO
				May We I	eave A Message?	YES	NO
Work Phone: ()				May We (Contact You At Work	? YES	NO
Birth Date:/	/	Age:		·			
Email Address:				Would Yo	u Like To Join Our Er	mail List? Y	ES NO
Do you have a Facebo	ook? 🗆 Yes 🗆 No						
Occupation:				SSN:			
Marital Status:			Divor				
Employer:							
Employer's Address:							
Who Referred You?			_ Family	Physician:			
Your physician will be							
Cardiologist (if applic							
Responsible Party Or Relationship To Patie							
Home Address:	III						
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Employer's Address:							
Work Phone: ()							
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How did you learn ab	out our practice? (F	Please Circle)					
-	nternet – What We						
	PlasticSugeryService						
	lagerstown Magazi						
	-riend – Who?						
	Other Patient – Who						
	Phone Book:		Martinsburg	g Getty	burg Frederick	Alle	gheny
	-	Charlestown			Chambersburg	Waynes	

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. Sign: _____

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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: (

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*Our office will file insurance for all reimbursable services, to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductible, co-pay, and noncovered service amounts.

*I acknowledge that I have received a copy of the Privacy Notice for Plastic Surgery Services. This refers to the HIPPA Policy which states we cannot give your information out to anyone without your consent.

*Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Garazo will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient.

Printed Name

Signature

Date

Witness

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Updated: 7/26/13

Date: