



Center for
Cosmetic &
Laser Surgery

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Please provide the following information:

Name: _____ Date of Birth: _____

Sex: _____ Marital Status: _____ Social Security Number: _____

Address: _____

Yes, information may be sent to this address

No, Do not send anything to this address

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Occupation: _____ Work Phone Number: _____

Person to contact in case of emergency: _____

Relationship: _____ Phone Number: _____

REFERRAL PROGRAM: We reward those who refer our services to others!

How were you referred to our office? _____

E-MAIL SPECIALS:

We offer special promotions on our services exclusive to our patients.

If you would like to receive information on our specials, please provide your e-mail address:

Your information is for the sole use of The Center for Cosmetic and Laser Surgery and will not be shared with any other entity.

Computer Image Analysis

For your benefit, we provide a computerized image analysis to help you visualize what changes might be possible through cosmetic surgery.

The outcome of any surgical procedure is highly dependent on the individual patient. Since there are significant differences in how live tissue reacts to surgery—and how it heals—the results are not predictable.

Therefore, be advised that this analysis is provided for purposes of illustration only and that no guarantees are made as to the specific outcome of any particular surgical procedure. Any such warranties, express or implied, are hereby waived by the physician and the patient hereby indemnifies and holds harmless the physician, staff, and clinic.

Signed: _____ Date: _____

Although services under particular circumstances may be covered under my insurance plan, I understand that I am fully responsible for payment at time of service:

Signed: _____ Date: _____