THE GRAIVIER CENTER

PLASTIC SURGERY • MEDSPA

Patient Information

PLEASE PRINT, COMPLETE FULLY AND RETURN TO FRONT DESK.

Circle One: Mrs. Ms. Miss Mr. Child Other ______________________

Patient's Name: ____
Last First Middle

Address: ____

City: ______________________ State: __________ Zip: __________

Cell Ph #: ______________ Home Ph #: ______________ Marital Status: (circle one) S M D W Sex: M F

Date of Birth: ______________ Age: ________ Email: ______________________

Employer: ____

Occupation: ______________________ Work Ph #: ______________

Address: ____
Street City State Zip Code

Authorization to treat child: Emergency Contact address: ______________________ Date: __________

______________________ ______________________ ❑ Mother ❑ Father ❑ Guardian
Authorized Signature Print Name of Authorized Signature

Emergency contact: Name: ______________ Address ______________________

Cell Ph #: ______________ Home Ph #: ______________ Relationship: ______________

How did you hear about us? ____

Referred to The Graivier Center by: ______________ Address: ______________________

Phone: ______________________

INSURANCE INFORMATION:

The Graivier Center does not accept any insurance plans. We do not pre-authorize or pre-certify any procedures for insurance.
We are unable to bill insurance on behalf of our patients. Payment in full is due at the time all services are rendered.

PHOTOGRAPHIC CONSENT:

I understand that photos will be taken as part of my medical record. I acknowledge that these photos are the property of The Graivier Center.

I consent to the publication of these photographs in scientific journals and they may be shown for scientific reasons. ❑ Yes ❑ No
I consent to the showing of these photographs to other patients or prospective patients of The Graivier Center. ❑ Yes ❑ No

Signature: ______________________________ **Date** ______________

Witnessed by: ______________________________

Subsequent visits: I have reviewed and acknowledge that my information is current:

______________ ______________ ______________ ______________