The Center for Facial Plastic Surgery

Ali Sepehr, MD

Patient Information

LAST NAME _____ FIRST NAME_____ MI_____

DATE OF BIRTH _____ SOCIAL SECURITY _____ DRIVERS LIC# _____

HOME ADDRESS _____ UNIT# _____ GENDER: M / F

CITY _____STATE _____ ZIP _____ COUNTY _____

HOME PHONE # _____CELL OR OTHER PHONE# _____EMAIL_____

RESPONSIBLE PARTY'S NAME (IF NOT PATIENT) _____

Insurance Information

PRIMARY INSURANCE CARRIER _____ ID# _____

GROUP# _____ CARDHOLDER NAME _____ DATE OF BIRTH_____

SECOND INSURANCE CARRIER _____ ID# _____

GROUP# _____ CARDHOLDER NAME _____ DATE OF BIRTH_____

Employer Information

EMPLOYER NAME _____ EMPLOYER PHONE # _____

EMPLOYER ADDRESS: _____ CITY _____ STATE _____

ZIP CODE _____ OCCUPATION/JOB TITLE _____

Other Information

YOUR PRIMARY PHYSICIAN _____ PHONE# _____

WHO REFERRED YOU TO OUR OFFICE _____ PHONE# _____

EMERGENCY CONTACT _____ PHONE# _____

RELATIONSHIP TO EMERGENCY CONTACT _____

I, the Patient and/ or Responsible Party signing this form acknowledges every piece of information written is true. I understand that any fraudulent or misleading information may be punishable by law. I understand that if I am unable or unwilling to provide any of the above information, I may be asked to reschedule or cancel my appointment. I understand it is solely my responsibility to read any and all paperwork carefully before I sign.

The following costs are the responsibility of the patient:
Cosmetic consultation, cosmetic surgical, Anaesthetic, Nursing and facility fees, medication, medico-legal reports, disability, illness and insurance forms, consultations with other non-insured professionals, and any other professional services.

Please note: Digital color photographs are required before and after all surgical procedures for patient evaluation and discussion. They will be taken by Dr. Sepehr or his staff in the office during one of your office visits, at no cost to you.

Dr. Sepehr and his staff will be pleased to discuss any questions you may have.

SIGNATURE OF PATIENT _____ DATE _____

SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____