

Patient Information Sheet

Date: _____

Title: (Mr., Mrs., Ms.) First Name: _____ Middle Initial: _____ Last Name: _____

Sex: Male Female Date of Birth: _____ Age: _____ Social Security No.: _____

Name of Spouse or Parents: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Tel.: (_____) _____ Bus. Tel.: (_____) _____ Ext: _____

Cellular: _____ Email: _____

Emergency Contact: _____ Tel#: _____ Relationship: _____

Medications? _____ Allergies? _____

Any Past Surgery? _____

Any Significant Medical History/Condition? _____

Height: _____ Weight: _____

Do You Smoke? Yes No If so, how much? _____

Do you accept blood? Yes or No

Referred By: _____

Procedure(s) Interested In: _____

INSURANCE COMPANY

Name: _____ Phone: (_____) _____

Address: _____ Deductible: _____ Co-payment: _____

Group # _____ Group Name _____ ID # _____

Primary Care Physician: _____ Phone: _____

EMPLOYER INFORMATION

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Can we contact you in regards to upcoming promotions? YES or NO

Photography Consent

I, _____, hereby authorize Mark Broudo M.D. or Nick Masri M.D. to take such photographs of myself in whole or in part as he may wish and to use and publish the same in such places and publications which he may consider to be of benefit to the medical profession or the public at large.

I hereby waive any right that I may have to inspect and/or approve the finished product that may be used hereunder, or the specific use to which it may be applied.

SIGNED: _____

FEES, PAYMENTS AND DISCLOSURE

This signature on file is my authorization for the release of information necessary to process my claim. I hereby authorize payment directly to the physician named on the insurance benefits otherwise payable to me.

Florida Statute 456.052 requires that all healthcare providers offer to their patient's full disclosure of their financial interest in any entity referred by that provider.

Mark Broudo, M.D. P.A. and Nidal Masri, M.D.P.A. (dba Nick Masri M.D.) have financial interests in both Face + Body Cosmetic Surgery located at 1100 SW 57 Avenue, Suite 100 Miami, FL 33144 and Nidal Masri, M.D. (dba Nick Masri M.D.) located at 4330 Sheridan Street; Suite 102, Hollywood, Florida 33021.

Signature: _____ Date: _____