



Patient Information

Today's Date:

Patient Name (First, M, Last)	DOB	Age	Gender	Home Phone #
Patient Address	City	State	Zip	Cell Phone #
SSN	How Were You Referred to Us?			Email Address
Primary Care Physician	Address			Phone #
Reason for Consultation			Date Symptoms First Appeared	
If Accident, Please List Date	Time		Place	
Person Responsible for Account (Guardian)	DOB	SSN		
Address (if different from above)	City	State	Zip	Phone #
Employer	Address			Work Phone #
Spouse of Responsible Party	DOB	SSN		
Spouse Employer	Address			Work Phone #
In Case of Emergency (not living with patient)	Relationship to Patient	Address		Phone #
Primary Insurance Company	Insured's Name		Policy Number/Group Number	
Insurance Address	City	State	Zip	Insurance Phone #
Do You Have Other Insurance Coverage? (if yes, please complete) Yes No				
Secondary Insurance Company	Insured's Name		Policy Number/Group Number	
Insurance Address	City	State	Zip	Insurance Phone #

I hereby authorize Dr. Rodney Schmelzer to release to my insurance carrier any medical information necessary to secure payment. I authorize benefits to be made payable directly to Dr. Rodney Schmelzer. I understand that I am financially responsible to the physician for charges not covered by my insurance policy. I certify that all information given on the patient information sheet is complete and correct to the best of my knowledge. In the event of default of payment of charges, the responsible party agrees to pay collections fees including reasonable attorney fees. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered as valid as an original.

I hereby give permission to Dr. Rodney Schmelzer to render treatment as he sees fit upon myself, my son or daughter or anyone else I have guardianship over, and to call any consultant or anesthesiologist, laboratory personnel, etc. as he deems advisable in the care of this case. I also agree to be responsible for their charges, as well as the surgeon's, hospital's, or surgical center's charges. I also give them permission to take and use, as they deem proper, photographs, pertinent to this case. I am advised that though good results are expected, they cannot be and are not guaranteed, nor is there any guarantee against untoward results.

Signature

Date

Rodney Schmelzer, MD *Plastics, Craniofacial & Reconstructive Surgeon (certified by the Board of Plastic Surgeons)*

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