



PATIENT INFORMATION

Patient LEGAL Name _____	_____	_____	_____	_____	_____	_____
	Last	First	M.I.			
Mailing Address _____	_____	_____	_____	_____	_____	_____
	Street	Apt./Unit	City	State	Zip	
Home Phone _____	Mobile Phone _____	Circle:	Male	Female		
Marital Status _____	Birthdate _____	Age _____	SSN _____			
Employer _____	Occupation _____	Employer Phone _____				
Please Circle:	Full Time	Part Time	Unemployed	Student	Retired	Other _____
Employer Address _____						

Guarantor Information - Person financially responsible (if same as patient, circle "Self" below):						
Patients relationship to Guarantor:	Self	Spouse	Child/Guardian	Other	_____	
Guarantor's Name _____	SSN _____	Phone _____				
Mailing Address _____	_____	_____	_____	_____	_____	_____
	Street	Apt./Unit	City	State	Zip	
Birthdate _____	Employer's Name _____	Occupation _____	Employer Phone _____			
Please Circle:	Full Time	Part Time	Unemployed	Retired	Other	_____

Nearest Relative, Partner or Close Friend		
Name _____	Address _____	
Relationship _____	Home Phone _____	Mobile Phone _____

Other Information	
Primary Care Physician _____	Phone _____
Referring Physician _____	Phone _____

How did you hear about Dr. Bershof, Plastic Surgery Group and Body by Design (please circle):							
Your Physician	Friend	Patient	Internet	ER	Yellow Pages	Newspaper	Other _____
If you would like to be on our email list, please write it here _____							

Assignment of Benefits and Release of Medical Information: By signing below, I hereby authorize the release of medical information necessary to process insurance claims. I hereby authorize payments of surgical and medical benefits to John Fox Bershof, MD, PC. I also understand that my guarantor or I are financially responsible for all charges incurred, whether or not covered by insurance (including Medicare).		
Print Name _____	Sign _____	Date _____
Photographs: It is in the tradition of plastic surgery to document pre-surgical, intra-operative, and post-operative digital images, which become an integral part of the medical record. These digital images are saved on a secure HIPPA compliant in-house standalone computer. I give permission for these images to be used anonymously for patient education, lectures, research, education, bershofplastic.com or science. These images will NOT be used for commercial use without my additional approval.		
Print Name _____	Sign _____	Date _____