

**PLEASE COMPLETE ALL FIELDS**

**Center for Cosmetic Eyelid & Laser Surgery**

**Craig Berris M.D., F.A.C.S.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ work #: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_ Email Address: \_\_\_\_\_

SSN # \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Previous Cosmetic Surgeries: \_\_\_\_\_

Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**MISSED APPOINTMENT/UNTIMELY CANCELLATION POLICY**

Our office has schedule your appointment time and we are delighted to have you as a patient. This time has been set aside just for you and our other patients were asked to schedule their appointment at a later date. Most of our patients are very considerate in contacting our office if they are unable to keep their appointment. If you're unable to keep your appointment, please notify us at least one working day ahead so that we might be able to offer that time to others. If you miss your appointment without timely notification, we reserve the right to apply a \$50 service charge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

I give permission for any photographs taken during my course of treatment to be used as Dr. Berris deems necessary for documentation and/or education purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_