

Patient Information as of \_\_\_\_\_ (enter today's date)  
(Please Print Legibly & Fill In or Correct All Fields)

**Patient's Name**

\_\_\_\_\_ First Middle Last

Address \_\_\_\_\_  
Street & Apt # City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Any restrictions for contacting you?  No  Yes E-mail \_\_\_\_\_

Contact Restrictions: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender  Female  Male

Marital Status  Single  Married to: \_\_\_\_\_  Other: \_\_\_\_\_

**Patient's Employer**

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext: \_\_\_\_\_ Is it okay to call you at work?  Yes  No

Address \_\_\_\_\_  
Street & Suite # City State Zip

**How did you hear about Inland Cosmetic Surgery?**

(Mark all that apply)

TV News  TV Ad  Phone Book  Magazine  Newsletter  Seminar  Salon  Web

Friend/Relative: \_\_\_\_\_  Doctor: \_\_\_\_\_  Other: \_\_\_\_\_

If you were referred by a specific person, may we thank them?  Yes  No

**Emergency Contact**

(Not in your household)

Relationship to Patient \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Areas of Interest: (mark all that apply)**

**Facial Procedures**

- Blepharoplasty (Eyelid Lift)
- Botox
- Brow or Forehead Lift
- Earlobe Repair
- Facial Liposuction (Neck, Jowls)
- Face Lift or Neck Lift
- Lip Enhancement
- Otoplasty (Ear Pinning)
- Rhinoplasty (Nose Reshaping)
- Skin Resurfacing (Laser, Peel, Etc.)
- Laser Skin Tightening
- Wrinkle Fillers (Injections)

**Breast Procedures**

- Breast Augmentation
  - Breast Reconstruction
  - Breast Reduction
  - Mastopexy (Breast Lift)
  - Nipple Reduction or Inversion
- Body Procedures**
- Abdominoplasty (Tummy Tuck)
  - Brachioplasty (Arm Lift)
  - Full Body Lift
  - Liposuction (Thighs, Abdomen, Etc.)
  - Dermolipectomy (Excess Skin Removal)
  - Thigh or Buttock Lift

**Weight Loss Surgery**

- Lap Band
- Post -Weight Loss Body Contouring
- Nutrition Counseling

**Skin Care**

- Laser Skin Rejuvenation
- Laser Hair Removal
- Freckle Removal
- Acne Treatment

**Cosmetic Gynecology**

- Vaginal Rejuvenation
- G-Spot Amplification

**Cosmetic Podiatry**

- Bunion Surgery
- Toe Shaping

Would you like a complimentary skin evaluation?  Yes  No

**Continued on back**