AN ENHANCED YOU COSMETIC SURGERY

(650) 965-7888

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	

E-mail

To opt out of email notices of Special Offers, Open House Events and Newsletters please check this box. ❒

Contact Restrictions: ❒ No regular Mail --- ❒ No Email --- ❒ No Work phone --- ❒ No Cell phone -- ❒ No Home phone

Age		Birthdate		SS# (optional for cosmetic patients)	- -	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 Dr. Lowen?	(Mark all that apply)	

❒ Web search: which site_____❒ Web Dr. Lowen's website ❒ Yellow Pages: which city_____?

❒ Patient : name of patient:_____ ❒ e-Newsletter

❒ Friend/Relative:		❒ Doctor:		❒ Other:	

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

Areas of Interest: (mark all that apply)

Facial Procedures		**Nurse, Laser and Medical Skin Care Services**
❒ Botox	❒ Wrinkle Fillers (Injections)	❒ Photofacial IPL skin rejuvenation
❒ Blepharoplasty (eyelid lift)	**Breast Procedures**	❒ Laser Hair Removal
❒ Brow or Forehead Lift	❒ Breast Augmentation	❒ Botox, Dysport for frown lines
❒ Erbium Laser Facial Rejuvenation	❒ Breast Augmentation with Lift	❒ Fractional laser wrinkle removal
❒ Earlobe Repair	❒ Mastopexy (Breast Lift)	❒ Laser Scar or Stretch mark treatment
❒ Facial Liposuction (Neck, Jowls)	❒ Breast Reduction	❒ Laser Tattoo Removal
❒ Face or Neck Lift	**Body Procedures**	❒ Spider veins (leg veins)
❒ Lip Enhancement	❒ Abdominoplasty (Tummy Tuck)	❒ Obagi, Neocutis Skin Health Program
❒ Otplasty (Ear Pinning)	❒ Smartlipo™ Laserbodysculpting	❒ Facial blood vessels and Rosacea
❒ Rhinoplasty (Nose Reshaping)	❒ Liposuction (Thighs, Abdomen, Etc.)	❒ Chemical Peels: pigment or acne
❒ Skin Resurfacing (Laser, Peel, Etc.)	❒ Thigh or Buttock Lift	❒ Skin tightening for wrinkles, laxity

I understand that office visit charges are payable on the day service is rendered. I authorize Dr. Lowen to bill my insurance company. Regardless of insurance coverage, I am responsible for all bills being paid in a timely manner. I understand that my contract is between Dr. Lowen and myself. If insurance is used, I authorize my insurance company to pay medical benefits directly to Dr. Lowen. I authorize the release of any medical or other information necessary to process my medical insurance claims.

Signature		**Date**	

An Enhanced You Cosmetic Surgery
A Cosmetic Surgery and Skin Rejuvenation Center

Patient Questionnaire

Date of Service: _____
Patient: _____
Home Phone( ) - **Work Phone**: ( ) -
Mobile: ( ) -
Appointment Reason: _____

Occupation:_____ Surgery Date: _____

Height: _____ Weight: _____ Age: _____ Children: _____

Who referred you to our office? jjj_____

What procedures are you interested in having?

If you were to have this surgery, how would you describe a successful outcome?

How long have you considered this procedure?

We believe in educating our patients. Tell us—Is there any information we can provide that would help you to feel more comfortable about this procedure?

On a scale of 1 to 10, how interested are you in having this procedure soon?

Have you ever had cosmetic surgery procedure before?

Was it a satisfactory experience?

When would be the best time for you to schedule this procedure?

What are your expectations of the cost?

Would you be interested in financing options available?

May we contact you by phone (yes/no) or send you information by mail to your address? (yes/no)

Thank you for consulting with us. We appreciate the opportunity to serve you.

The Web is becoming a key way patients learn about our practice. Do you participate in any of the following? (check all that apply)

Yelp_____

Facebook_____

Twitter_____

Google+_____

RealSelf_____

Angie's List_____

Blogging? If yes, where can we see it? http://_____

What website(s) did you find helpful to use in researching our practice or the procedure?

www._____

www._____

www._____

NOTICE TO CONSUMERS: Dr. Lowen and all medical doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, www.mbc.ca.gov.
Robert M. Lowen, MD
Certified by the American Board of Plastic Surgery

_____Date:_____
Signature of patient