

# Washington Plastic Surgery, PLLC Registration Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Best Number and Time to Reach You \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (     ) \_\_\_\_\_

1. Have you had prior cosmetic surgery? \_\_\_\_\_  
(Procedure and Date)

2. Please tell us why you chose us?  
 \_\_\_\_\_ Personal referral \_\_\_\_\_  
(Person Whom We May Thank)

\_\_\_\_\_ The Doctor's reputation \_\_\_\_\_ Flourish Referral/Patient \_\_\_\_\_ Seminar  
 \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet \_\_\_\_\_  
(Which One) (Which Site)

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Radio \_\_\_\_\_ Physician Referral \_\_\_\_\_  
(Name of the Doctor)

3. Are you interested in financing your surgery? \_\_\_\_\_

4. When were you interested in having the surgery? \_\_\_\_\_

### How May We Best Serve You Today?

- |  |  |
|--|--|
| <input type="checkbox"/> Botox™ Injection              | <input type="checkbox"/> Face/Neck Lift  |
| <input type="checkbox"/> Filler Injection              | <input type="checkbox"/> Eyelid/Brow Lift Surgery                              |
| <input type="checkbox"/> Lip Enhancement               | <input type="checkbox"/> Nose Reshaping  |
| <input type="checkbox"/> Scar Revision                 | <input type="checkbox"/> Ear Reshaping (Prominent Ear)                         |
| <input type="checkbox"/> Breast Enhancement (Implants) | <input type="checkbox"/> Tummy Tuck  |
| <input type="checkbox"/> Breast Lift                   | <input type="checkbox"/> Lipo-Sculpture _____<br><small>Body Region(s)</small> |
| <input type="checkbox"/> Breast Reduction              | <input type="checkbox"/> Arm Lift  |
| <input type="checkbox"/> Breast Lift with Enhancement  | <input type="checkbox"/> Thigh Lift  |
| <input type="checkbox"/> Facial Implants (Chin, Cheek) | <input type="checkbox"/> Other _____   |