

# Sharma Plastic Surgery

12640 Creekside Lane ~ Fort Myers, Florida ~ 33919

Phone (239) 482-7676 ~ Fax (239) 482-7604

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

## Patient Information

First Name:		MI:		Last Name:	
Nick Name:		Former Name:			
SSN:		DOB:		Age:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				
Race:	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				
Pharmacy Name:					
Pharmacy Number:					
Referral Information:					

## Present Address

Address:					
City:		State:		Zip:	
Home Phone:		Cell Number:			
Email:					

## Permanent Address If Different from Present Address

Address:					
City:		State:		Zip:	
Perm Phone:		Alt. Number:			

## Emergency Contact

Relationship:					
First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			

## Consent to Communicate Test Results and Other Medical Records Information

Preferred Method	OK to leave voicemail	OK to leave message with another person
<input type="checkbox"/> Call Cell Number	<input type="checkbox"/> Cell Number	<input type="checkbox"/> Cell Number
<input type="checkbox"/> Call Home Number	<input type="checkbox"/> Home Number	<input type="checkbox"/> Home Number
<input type="checkbox"/> Send Text	<input type="checkbox"/> OK for appt info?	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_