DEBORAH J. WHITE, M.D., PC

Plastic and Reconstructive Surgery

Personal Information   Today's Date ______________

Last Name:____ First: __________________ MI:________

How do you wish to be addressed? ____

Date of Birth:_______________ Age:__________ Soc. Sec #:__________________________________

Marital Status: M:______ S:______ D:______ W:______   Sex: F:______ M:______

Occupation:____ Spouse's name: ____________________

Home Address:____

City_________________________State________________________________Zip________________

Home ph: (_____)_________________Cell Ph: (____)_________________Email ___________________

Place of Employment:__________________________ Work: (___)_____________________________

Whom Shall We Notify In Case of Emergency: ____
OTHER THAN SPOUSE

Ph. #: (____)__________________________ Relationship to Patient: ______________________________

We appreciate your visit with us today and if you were referred to our office, kindly let us know by name whom we can thank: ____

Briefly state the reason for your visit with us today: ____

____

AUTHORIZED SIGNATURE: ***I authorize payment of medical benefits to Deborah J. White, M.D. for any care rendered to myself or my dependents. I understand I am responsible for any bills. I also authorize Deborah J. White, M.D. to release any medical or other information necessary to process any claims relating to my medical care rendered by her.***

SIGNATURE: ______________________________________ DATE: ______________

I agree to give Dr. White a copy of my drivers license to protect myself from any form of patient identity theft.
SIGNATURE:_______________________________________ DATE:_______________

If my check is returned for any reason, this office is authorized to debit my account for the face amount of the check plus a service fee of $25.00.

SIGNATURE: ______________________________________ DATE: ______________

Please be advised that this office DOES NOT take any form of insurance

THIS OFFICE REQUIRES A COPY OF YOUR INSURANCE CARD FOR HOSPITAL PURPOSES ONLY