



Thank you for giving us the opportunity to show you that you've made a great decision in making your appointment with us today.

We work hard to be a global leader in defining the ultimate cosmetic surgery experience, through innovative high value-added solutions to enhance patient experience, continually going above and beyond the standard of care, and creating outstanding patient outcomes.

We feel the humbling success of our practice has been built upon has been defined by three guiding principals.

- 1. No appointment, patient, or member of our team is more important than one another.**
- 2. Our patients will always be the lifeblood of our practice.**
- 3. We can always be better.**

We've done our best to reduce the amount of paperwork, but please be assured that every question is relevant to your procedure. For example, knowing your occupation allows us to identify any activities that should be avoided post procedure. Additionally, knowing how much alcohol, tobacco, or other drugs you use will never be judged or reported by our staff. This information however, is very valuable in planning a safe surgery with optimal anesthesia and pain control after procedures.

No show policy & Cancellation policy

We understand that sometimes it's necessary to reschedule or cancel an appointment or procedure. Please understand that such changes not only affect your surgeon, physician extenders, and anesthetist, but other patients as well. Therefore, we very much appreciate your courtesy in following our cancellation policies.

If for any reason, other than a medical emergency you miss a scheduled procedure, you will be charged \$50 for missed injectable appointments. For all other non-surgical procedures that are missed the full price of the session will be charged or deducted from any remaining treatments purchased as part of a package.

If for any reason, other than a medical emergency you must reschedule your non surgical procedure less than 7 days prior to your procedure date, you will be required to pay an additional \$100.00 re-scheduling fee above and beyond what was on your quotation.

Cancellations can be made by calling us at 561-691-8088, emailing us at admin@drdanamd.com, or texting us (561) 320-3703.

Thank you,

A handwritten signature in blue ink that reads "Dr. Dana M. Goldberg".

Dana Goldberg MD

Plastic & Reconstructive Surgery

PATIENT INFORMATION

Name:

Where do you have concerns about your appearance, and what are you looking to address in those areas?

Marital Status: S M W D P Minor

Date of Birth: Age: Social Security Number:

Phone: Cell: E-mail:

Registered Address:

City: State: ZIP Code:

Preferred Method of Contact: Phone Cell Email May we leave detailed messages? Y N

Height: Weight: Recent weight gain/loss: Y N + / - Lbs:

MEDICAL HISTORY

Primary Physician:

Do you have a specialist? Specialty: Last Seen:

Emergency Contact:

Telephone: Cell: E-mail:

Please list any medical conditions for which you have been hospitalized, been treated, or been prescribed medication for: (ex: high blood pressure, diabetes, asthma, depression, neuromuscular disorders, bleeding or clotting tendency, or complications from anesthesia)

Please list any surgeries and or cosmetic procedures you have had in the past along with approximate dates:

Please list any herbal supplements or over the counter medications along with dosage and frequency:

Please list any prescription medications along with dosage and frequency:

Please list allergies and reactions:

SOCIAL HISTORY

Occupation:

Weekly alcohol consumption amount:

Do you smoke? Yes No Number of cigarettes per day:

Have you smoked in the past? Yes No Years: Quit Date:

How often do you exercise? Type:

How much caffeine do you consume daily?

FEMALES ONLY

Are you pregnant or possibly pregnant? Yes No

Do you plan on having more children? Yes No # of children: # of pregnancies:

Please list current cup size if you are interested in breast surgery: Desired cup size:

Have you had a mammogram? Yes No If yes when?

Do you have a history of breast cancer: Yes No If so which family member?

AUTHORIZATION FOR & RELEASE OF MEDICAL PHOTOGRAPHS

_____ I understand photographs are mandatory for surgical and procedure planning and follow up. Medical photographs may be taken before, during, or after a surgical procedure or treatment. These photographs are stored in a HIPAA compliant database that is accessible to you. Additionally, patients may consent to release these medical photographs for a stated purpose.

_____ **Consent for release of photographs:** I hereby authorize Dana Goldberg, M.D. and/or her associates or licensees to use pre-operative, intra-operative, and post-operative photographs for the purpose of educating:

- _____ Other medical professionals.
- _____ Posting on the World Wide Web to educate other prospective patients.
- _____ In office use for patient's having the same procedure.
- _____ For unrestricted marketing purposes in exchange for compensation.

For most procedures, there are no faces or identifiable marks (such as tattoos or jewelry) shown. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images. **Even if I decline to have my photos released for any reason,** I understand that pre-operative, intra-operative, and post-operative photographs will be taken by Dana Goldberg, M.D. and/or her associates or licensees to plan for my procedure and evaluate results.

Privacy Policy

I have reviewed a copy of Dana Goldberg, M.D.'s Notice of Privacy Practices. (If you desire a printed copy of the notice, please notify the receptionist.)

Other than the services we have already provided for you, what additional services would you like to learn about? Please check all that apply.

<input type="checkbox"/> Skin care advice	<input type="checkbox"/> Facial veins	<input type="checkbox"/> Neck wrinkles
<input type="checkbox"/> Skin care products	<input type="checkbox"/> Facial redness	<input type="checkbox"/> Breast size
<input type="checkbox"/> Injectable Treatments	<input type="checkbox"/> Brown or age spots/freckles	<input type="checkbox"/> Abdominal area
<input type="checkbox"/> Juvederm/Restylane/Radiesse	<input type="checkbox"/> Drooping brow	<input type="checkbox"/> Hips
<input type="checkbox"/> Facial fine lines/wrinkles	<input type="checkbox"/> Drooping eyelids	<input type="checkbox"/> Legs
<input type="checkbox"/> Thin lips	<input type="checkbox"/> Nose size or shape	<input type="checkbox"/> Facial Contouring
<input type="checkbox"/> Blotchy skin	<input type="checkbox"/> Facial fullness/drooping	<input type="checkbox"/> Body Contouring
<input type="checkbox"/> Chemical peel	<input type="checkbox"/> Mole removal	<input type="checkbox"/> Unwanted Hair
<input type="checkbox"/> Hair Transplants	<input type="checkbox"/> Scar revision	<input type="checkbox"/> Length/Fullness of Eyelashes

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

When looking at my face in the mirror, I believe I look younger, the same as, or older than my true age:

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles:

<i>Not Concerned</i>		<i>Somewhat Concerned</i>		<i>Very Concerned</i>
1	2	3	4	5

Is this your first consultation regarding the procedure(s) we'll be discussing today? Y N

Have you previously researched any of the various procedures we offer? Y N

If so which procedures have you researched?

Are you interested in financing any portion of your procedure(s)? Y N

Are there any events or dates you would be planning your procedure(s) around? Y N

How did you hear about us?

Financial Policy

All returned checks are subject to an addition fee of \$35.00 per check. There is a \$30.00 charge for filling out extended work absence (short or long-term disability), Family and Medical Leave Act (FMLA), and extended insurance paperwork. A fee of \$25 is charged for patients who miss or cancel more than 1 time in a calendar year without 24-hour notice.

Once services are rendered or products sold, there are no refunds. Surgery and non-surgical procedures come with no warranty (guaranteed or implied) of any certain result. Perceived lack of improvement in one's condition does not translate into any type of refund.

Signature:

Date:

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