



2500 Starling Street, Suite 603  
Brunswick, GA 31520

PATIENT INFORMATION				Today's DATE:		
Patient Name:			Social Security #:			
Mailing Address:						
Home Ph:		Work Ph:		Cell Ph:		
Email:		Marital Status (M/S/D/W):	Spouse Name:		DOB:	Age:
Gender (M/F):	Race:		Language:		Ethnicity:	
Employer			Employer Address: <span style="float: right;">City</span>			
Patient's Occupation:			Employer: Ph: <span style="float: right;">State          Zip:</span>			
In Case of Medical Emergency – Contact Name:		Relationship:		Ph:		
<b>MINOR CHILD AUTHORIZATION:</b> In the event the parent or legal guardian cannot attend the minor child's appointment, I give my permission for the following person(s) to authorize medical attention for the above named minor child.						
Legal Guardian Name:						
Name / Relationship /Ph:						
<b>HIPAA Release:</b> The following family members, friends, or others will be involved in my/the patient's health care, and I agree that Renue Plastic Surgery can discuss my/the patient's health information, and other information pertinent to my/the patient's care and treatment at Renue Plastic Surgery, such as billing and payment obligations, with the following individuals, relevant to their involvement in my health care. I, the patient understand <b><u>I do not have to list anyone</u></b> , but if I do, then Renue Plastic Surgery can communicate with those individuals as permitted by the Health Insurance Portability and Accountability Act (HIPAA).						
Name:/Relationship:			Name:/Relationship:			
INSURANCE INFORMATION						
Primary Insurance Company:			Primary Policy Holder's Name:			
Primary Policy Holder's Employer:		Primary Policy Holder's SSN:		Primary Policy Holder's DOB:		
Secondary Insurance Company:			Secondary Policy Holder's Name:			
Secondary Policy Holder's Employer:		Secondary Policy Holder's SSN:		Secondary Policy Holder's DOB:		
I verify that I have reviewed the information above and have completed and/or corrected items where information was missing and/or incorrect. I attest that this information is accurate and complete to the best of my knowledge.						
Signature _____			Date _____			