ADVANCED PLASTIC SURGERY INSTITUTE **480.466.7355**

Patient Information as of _____ (enter today's date)

(Please Print Legibly & Fill In or Correct All Fields)

Patient's Name _____

First Middle Last

Address _____

Street & Apt # City State Zip

Home Phone _____ Cell Phone _____ Other Phone _____

Any restrictions for contacting you? ❒ No ❒ Yes E-mail _____

Contact Restrictions: _____

Age _____ Birthdate _____ Gender ❒ Female ❒ Male

Marital Status ❒ Single ❒ Married to: _____ ❒ Other: _____

Patient's Employer _____ Occupation _____

Work Phone _____ Ext: _____ Is it okay to call you at work? ❒ Yes ❒ No

Address _____

Street & Suite # City State Zip

How did you hear about Dr. Olson? (Mark all that apply)

❒ TV News ❒ TV Ad ❒ Phone Book ❒ Magazine ❒ Newsletter ❒ Seminar ❒ Salon ❒ Web ❒

Friend/Relative: _____ ❒ Doctor: ❒ Other: _____

If you were referred by a specific person, may we thank them? ❒ Yes ❒ No

Emergency Contact (Not in your household) _____ Relationship to Patient _____

Home Phone _____ Work Phone _____ Other Phone _____

Areas of Interest: (mark all that apply)

Facial Procedures	**Breast Procedures**	**Other Procedures**
❒ Blepharoplasty (Eyelid Lift)	❒ Breast Augmentation	❒ Skin Care
❒ Botox	❒ Breast Reconstruction	❒ Endermologie
❒ Brow or Forehead Lift	❒ Breast Reduction	❒ Telangectasia (spider veins)
❒ Earlobe Repair	❒ Mastopexy (Breast Lift)	❒ Laser Hair Removal

❒ Facial Liposuction (Neck, Jowls)

❒ Face or Neck Lift

❒ Lip Enhancement

❒ Otoplasty (Ear Pinning)

❒ Rhinoplasty (Nose Reshaping)

❒ Skin Resurfacing (Laser, Peel, Etc.)

❒ Wrinkle Fillers (Injections)

❒ Nipple Reduction or Inversion

Body Procedures

❒ Abdominoplasty (Tummy Tuck)

❒ Brachioplasty (Arm Lift)

❒ Full Body Lift

❒ Liposuction (Thighs, Abdomen, Etc.)

❒ Thigh or Buttock Lift

❒ Laser Tattoo Removal

❒ Leg Veins

❒ Lesions / Moles

I understand that office visit charges are payable on the day service is rendered.

Signature _____ **Date** _____