

Patient Registration Form

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Private & Confidential



This 'fillable .pdf' form is to be completed by the patient (or guardian) and returned to the practice office. It can be printed for manual completion or completed within Adobe Reader and submitted via e-mail.

First let's identify you, the **Patient** (i.e. the person receiving the treatment)

(* = required field)

Patient 1st Name*		M.I.	Patient Last Name*		Please select ONE of the circles below next to your preferred contact phone number	
<input type="text"/>		<input type="text"/>	<input type="text"/>			
Patient Street*	<input type="text"/>	Patient Apt #	<input type="text"/>	Patient Home Phone*		<input type="radio"/>
Patient City*	<input type="text"/>	Patient State*	<input type="text"/>	Patient Work Phone		<input type="radio"/>
Patient E-Mail		OK to Send You E-Mails?		Patient Mobile Phone	<input type="radio"/>	
Patient SSN		Patient* Marital Status		Patient Occupation		
Patient D of B*		Family Doctor's Name		Family Doctor's Phone		
Patient Gender*		Emergency Contact Name		Emergency Contact Phone		

Next, please tell us which medications you are already taking.

Medication #1 Name	Medication #1 Dosage Amount	Medication #1 Dosage Frequency
Medication #2 Name	Medication #2 Dosage Amount	Medication #2 Dosage Frequency
Medication #3 Name	Medication #3 Dosage Amount	Medication #3 Dosage Frequency
Medication #4 Name	Medication #4 Dosage Amount	Medication #4 Dosage Frequency
Medication #5 Name	Medication #5 Dosage Amount	Medication #5 Dosage Frequency

Do you have any of the following medical conditions?

<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mitral Valve Prolapse
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Easy Bleeding	<input type="checkbox"/> HIV	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Depression	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Cancer Type <input type="text"/>
<input type="checkbox"/> Other [please give details -->] <input type="text"/>			

Now for some routine medical history questions!

Have you ever undergone any surgeries?	<input type="text"/>	If 'YES' please give surgery types, dates and outcomes
<input type="text"/>		
Any problems with anesthesia?	<input type="text"/>	Could you be pregnant? [If applicable!]
<input type="text"/>		

Chrysalis Plastic Surgery, Inc., 46396 Benedict Drive Suite 330, Sterling, VA 20164 Tel: (703) 421-6000 Fax: (703) 421-6100

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OK who is responsible for paying the bill? If it is the Patient, please skip this section. Otherwise, the Guarantor (i.e. the person legally responsible for payment) must complete this section.

Guarantor 1st Name	M.I.	Guarantor Last Name	Please select ONE of the circles below next to the preferred contact phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Guarantor Street	Guarantor Apt #	Guarantor Home Phone	<input type="radio"/>
Guarantor City	G'tor State	Guarantor Zip	<input type="radio"/>
Guarantor E-Mail	OK to Send You E-Mails?	Guarantor Mobile Phone	<input type="radio"/>
Guarantor SSN	Guarantor Date of Birth	Guarantor Gender	Ext <input type="text"/>

Next, please tell us how you heard about Chrysalis Plastic Surgery and Dr Peter Klainer.

<input type="checkbox"/> Washington Post	<input type="checkbox"/> Radio 92.5 WINC FM	<input type="checkbox"/> Loudoun Connection
<input type="checkbox"/> Loudoun Times-Mirror	<input type="checkbox"/> Internet	<input type="checkbox"/> Health & Beauty Magazine
<input type="checkbox"/> Patient Referral	<input type="checkbox"/> Reston/Herndon Observer	<input type="checkbox"/> Physician Referral by Dr. <input type="text"/>

Certification & Agreement

By my signature hereon, I certify that I have read, understand and agree to fully comply with the Financial Policies of Chrysalis Plastic Surgery, Inc. as set out on page three of this form or as subsequently amended. I confirm that I have been given a copy of the said Financial Policies for my records. The current Financial Policies are available for inspection at any time at the office of Chrysalis Plastic Surgery, Inc. and are subject to change at any time and without notice and at the sole option of Chrysalis Plastic Surgery, Inc..

Patient's Signature _____

Guarantor's Signature _____

[Guarantor to sign here only if the patient is not responsible for payment. Otherwise leave blank]

Date Signed

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Policies

The following are the Financial Policies of Chrysalis Plastic Surgery, Inc.. It's the small print printed large enough to read! Our goal is to make your entire encounter with us an immensely positive experience - including paying for it. Please feel free to ask questions about anything that concerns you.

Fee Types - From a financial policies standpoint there are just two types of procedures. Minor non-invasive procedures are almost always performed at the Chrysalis Plastic Surgery Center and for the purposes of these financial policies they are referred to as 'Non-Surgical' procedures. All other procedures are referred to as 'Surgical' and include all invasive procedures whether they are performed at the Chrysalis Plastic Surgery center or in a hospital setting.

Fees Include - All fees, treatment plans and cost estimates given include everything - there are no hidden extras and surprises. For example, in the case of Surgical procedures, the fee structure detailed in the treatment plan always includes Dr Klainer's fees, the estimated hospital fees, the estimated anesthesiologist's fees and your pre-op and post-op consultations with Dr Klainer. The only additional out of pocket expenses you should expect will be any required post-operative medications and dressings and the like.

Non-Surgical Procedures - Fees for Non-Surgical procedures are always payable in full at the time of your visit. Should you need to cancel or reschedule a Non-Surgical procedure, we request a minimum of 24 hours notice. Failure to do this will result in an office visit charge being billed to your account.

Surgical Procedures - For all Surgical procedures your initial consultation is always complimentary. At the conclusion of that visit, if a treatment plan has been decided, we will explain the fee structure for that treatment plan. Once you have decided to go ahead with a treatment plan for a Surgical procedure, the first step is to schedule a date. When that schedule is set a \$500 non-refundable deposit is required. The balance of the fee is due for payment not less than 10 days prior to the scheduled date of the procedure. If you cancel or reschedule a Surgical procedure within 10 days of the scheduled date, 25% of the total surgery cost is non-refundable.

Late Arrival - Dr Klainer's services are in great demand and so he has to run a full schedule to make sure that all his patients can be seen in a timely manner. He therefore urges you to be on time for your appointment and he will do everything possible to do likewise. If you are running late for an appointment please let his office know and understand that your appointment may have to be curtailed or rescheduled so as not to inconvenience the patient scheduled after you.

Payment Media Accepted - We accept Cash, Cashier's Checks, Personal Checks (not less than 10 days prior to surgery date), Visa, MasterCard, Discover and American Express.

Financing Your Surgery - You may wish to finance your surgery through your bank or credit union. If you feel uncomfortable disclosing the purpose of your loan request to a bank officer, we can assist you. We participate with many financing companies and we can help you with the application either in the office or these applications can be mailed or faxed to you.