

Coastal Empire Plastic Surgery

900 Mohawk St. • Savannah, GA • 31419

PATIENT INFORMATION

- NEW PATIENT
 UPDATING INFORMATION

- JOEL L. SHANKLIN, M.D.
 MEGHAN K. MCGOVERN, M.D.
 LUKE J. CURTSINGER, III, M.D.

Have you ever been seen by one of our doctors before? No _____ Yes _____ If yes, in which year? _____

Patient Name (Please Print) _____
(First) (MI) (Last)

Date of Birth _____ Age _____ Social Security # _____ Sex: M _____ F _____

Mailing Address _____
(Street) (City) (State) (Zip Code)

Home Phone # _____ Mobile Phone # _____ Work Phone # _____

Which is your preferred contact #? _____ Email Address _____

Emergency Contact _____ Relationship _____ Phone # _____

Name of Physician whom you were referred by _____

How did you hear about our practice? Yellow Pages Radio Newsletter Website Other _____

IF THE PATIENT IS A MINOR, PLEASE COMPLETE THE FOLLOWING SECTION:

Name of Parent or Guardian _____
(First) (MI) (Last)

Date of Birth _____ Age _____ Social Security # _____ Sex: M _____ F _____

Mailing Address _____
(If different than above) (Street) (City) (State) (Zip Code)

PLEASE READ CAREFULLY AND SIGN BELOW:

I, _____, represent to the physicians and staff that I am at least eighteen years of age, if not, I am accompanied by a legal guardian. I hereby consent to and authorize examination and the treatment by my doctor and such assistant or staff, as may be assigned by him/her. I authorize the release of any medical information for the purpose of processing insurance claims on my behalf. I authorize payment of any medical benefits directly to the doctor for services provided to me. A copy of this authorization shall be considered as valid as the original. I understand that there may be a consultation fee for the initial visit for uninsurable consultations, which is due when services are rendered. I also understand that copays are due at the time of each visit.

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO PATIENT (Circle One):

PATIENT SPOUSE PARENT LEGAL GUARDIAN POWER OF ATTORNEY