

# WELCOME TO OUR OFFICE

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dermatology/Cosmetic Procedures/Skin Cancer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: (Circle One) Male / Female Marital Status (Circle One) Single / Married / Divorced / Widowed

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Is the Patient currently employed (Circle One) Yes / No Work Telephone # \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Extension # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Is the Patient a student? (Circle One) Yes / No If yes, Name of School: \_\_\_\_\_

Would you prefer to be reached at home, work or cell (circle one)? What is this number? \_\_\_\_\_

May we leave a detailed health message on this number? Yes / No If yes, which number: \_\_\_\_\_

**RESPONSIBLE PARTY:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Extension # \_\_\_\_\_

## INSURANCE:

Primary Insurance \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

\*\* Please present Insurance Card(s) so we may make a copy of it \*\*

## PLEASE SIGN BY BOTH X'S

I authorize payment of medical benefits to undersigned physician or supplier for these services and all future claims.

x \_\_\_\_\_ Signature of Insured or Authorized Person

I authorize the release of any medical information necessary to process this claim and all future claims.

x \_\_\_\_\_ Signature of Insured or Authorized Person

## Whom may we thank for referring you to Brent C. Sigler, MD? Please check *only one*.

\_\_\_\_\_ Physician \_\_\_\_\_ (physician name who referred you)

\_\_\_\_\_ Patient \_\_\_\_\_ (patient name who referred you)

\_\_\_\_\_ Promotion received in the mail

\_\_\_\_\_ Yellow pages - Largest Metro Directory

\_\_\_\_\_ Yellow pages - Regional Directory (Highlands Ranch / Englewood / Littleton / Centennial / South Metro)

\_\_\_\_\_ Yellow pages - Regional Directory (Castle Rock / Parker)

\_\_\_\_\_ Qwestdex.com

\_\_\_\_\_ Internet

\_\_\_\_\_ Insurance

\_\_\_\_\_ Newspaper \_\_\_\_\_ (name of newspaper)

\_\_\_\_\_ Magazine \_\_\_\_\_ (name of magazine)

\_\_\_\_\_ TV \_\_\_\_\_ (name of tv station)

\_\_\_\_\_ Radio \_\_\_\_\_ (name of radio station)

Would you like to schedule a complimentary cosmetic consultation with our medical assistant/aesthetician for your skin care needs, laser hair removal, facials, chemical peels or microdermabrasion? (Circle One) Yes / No

Skin Cancer Specialist · General Dermatology · Adult & Children  
Newest Laser Technology · Cosmetic Surgery · Skin Rejuvenation · Tumescant Liposuction  
Lip Enhancement · Laser Hair Removal · Spider & Varicose Veins · Laser Resurfacing & Peels · Eyelid Surgery  
Skin Care Products · Microdermabrasion · Acne Treatments · Thread Lift (Contourthreads™)