

# Patient Information



GARTH FISHER MD®  
Beverly Hills

*Biomed Spa*  
GARTH FISHER MD Beverly Hills

Today's Date: \_\_\_\_\_

Welcome to Garth Fisher, MD and Biomed Spa. As a new patient, please fill out the information found below to the best of your ability. Please answer these health and beauty related questions to help us design the ideal experience for you. All information will remain confidential.

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
last first middle

Responsible Party (if minor): \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Primary Email Address: \_\_\_\_\_  I would like to receive promotions & news via e-mail

Sex:  Female  Male Marital Status:  Single  Married  Widowed  Separated  Divorced

### How did you hear about Garth Fisher, MD or Biomed Spa?

TV  Internet  Magazine  Newspaper  Radio  Other/Define \_\_\_\_\_ Referred by \_\_\_\_\_  patient

Preferred method for confirming appointments:  Home phone  Work phone  Cell phone  Email

Patient Employed by: \_\_\_\_\_ Spouse or Responsible Party Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_ Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Please check all of Dr. Fisher's surgical and Biomed Spa non-surgical procedures that interest to you.

#### FACE

- Facelift, Neck Lift, Brow Lift
- Eyelid Surgery
- Nose Surgery (cosmetic and breathing)
- Lip Surgery
- Facial Contouring, Implants, Fat Grafting
- Prominent Ear
- Other \_\_\_\_\_

#### BREAST

- Breast Augmentation
- Breast Revision/Reconstruction
- Breast Lifts
- Breast Reduction
- Scar Revisions
- Nipple Surgery
- Other \_\_\_\_\_

#### BODY

- Surgical Body Contouring Fat Reduction
- Tummy Tucks
- Hernia
- Body Lift, Arm Skin Reduction
- Scar Revisions (e.g., C-Sections)
- Labia Contouring/Reduction
- Other \_\_\_\_\_

#### MEDSPA

- Botox or Dysport Injections
- Dermal Fillers (e.g., Restylane, Juvederm)
- Lip Enhancements
- CoolSculpting Non-Surgical Fat Reduction
- Laser Hair Removal
- Laser Treatments to Improve Skin Quality
- Laser Therapy to Improve Pigmentation or Spots
- Laser Therapy for Skin Tightening or Firming
- Medical Facials and Peels

- Anti-Aging, Prevention Skincare
- CellCeuticals Skin Care by Garth Fisher, MD
- VISIA Skin Analysis
- Microdermabrasion (Dermasweep vitamin infused facial)
- Sun Damage Repair
- Acne Treatments
- Scar Treatment
- Eyelash Enhancement

- Nutrition & Wellness
- Not sure, need consultation
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

#### PERSONAL PHYSICIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

#### INSURANCE

Name of Insurance Provider \_\_\_\_\_ Primary Insurer \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_

#### ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage with the company named above.

I assign, directly to Dr. Garth Fisher, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, including possible hospitalizations, whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all of my insurance submissions.