

**JAMES M. NACHBAR, MD, FACS, PC  
COSMETIC PATIENT**

DATE \_\_\_\_\_ SSN # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_

\_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
City State Zip

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

By providing your phone and/or email, you are agreeing to receipt of recurring appointment reminder messages and other occasional (less than one per month) messages. Check here \_\_\_\_\_ or text STOP to opt-out of text messages. Message and data rates may apply.

MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

WHERE DID YOU HEAR OF US? \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

\_\_\_\_\_ City State Zip

In case of Emergency, Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I understand that I am responsible for payment of the medical bills for the patient named above incurred with James M. Nachbar, MD, FACS, PC (JMN). I understand that Insurance, including Medicare, does not cover cosmetic surgery. In order to provide the highest level of care at the most reasonable cost, JMN does not participate in any insurance plans, and our prices do not include charges for insurance paperwork. JMN charges \$100 for each letter or billing document prepared for an insurance company. I also understand that, should revision after cosmetic surgery be required, I will be responsible for any anesthesia and operating room charges for the revision. If Dr. Nachbar's surgery is secondary after that of another surgeon, there will also be a surgeon's fee for additional procedures because of the complexity of these secondary cases. To assist in the continuity of care, I agree to the release of my medical information to my other health care providers.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_