



## Kaufman & Clark Plastic Surgery

Welcome to Kaufman & Clark Plastic Surgery. We are committed to providing the best, most comprehensive care possible. Please assist us by providing the following information. All information remains strictly confidential. Please complete this form and fax it to 916.983.9850 or bring it with you to the office for your appointment. We appreciate your assistance

<b>Patient Information:</b>			
Patient Name	Date of Birth	Sex	
Home Address	City	State	Zip
Home Telephone Number	Cellular Telephone Number		
Occupation	Employer's Name		
Spouse Name	Employer		
Primary Physician's Name			
Whom May We Thank for Referring You to Our Practice?	Email address for appointment confirmation:		
<b>Notify in Case of Emergency:</b>			
Name	Relationship	Telephone	
<b>Financial Information: (<i>For insurance only</i>)</b>			
Name	Telephone		
Address	City	State	Zip
Insurance Company	Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#.	
Insurance ID No.:			
Secondary Insurance	Claim Address		
Subscriber's Name	Subscriber's Date of Birth	Subscriber's SSN#	

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916.983.9895

[www.thenaturalresult.com](http://www.thenaturalresult.com)