RUCKER MD
PLASTIC SURGERY CLINIC

JOSEPH W. **RUCKER**, MD, FACS

Patient Information

This record will become a part of your permanent file

Please write legibly and complete both sides.

NAME: FIRST | MIDDLE | LAST | DATE OF BIRTH | SS# | ☐ MALE ☐ FEMALE

ADDRESS | CITY | STATE | ZIP | HOME PHONE | WORK PHONE | CELL PHONE

EMPLOYER / SCHOOL: NAME & ADDRESS | PHONE

NAME OF SPOUSE / PARENT (IF UNDER 18) | **SPOUSE OR PARENT'S EMPLOYER:** NAME & ADDRESS | PHONE

FAMILY DOCTOR: NAME & ADDRESS | PHONE

REFERRED BY: YOUR DOCTOR'S NAME & ADDRESS | PHONE

OR REFERRED BY: (PLEASE SPECIFY) ☐ FRIEND ☐ YELLOW PAGES ☐ WEBSITE ☐ NEWSPAPER ☐ OTHER

PRIMARY INSURANCE NAME | SUBSCRIBER NAME | SUBSCRIBER DOB | SUBSCRIBER SS#

SUBSCRIBER NO. | GROUP NO. | GROUP NAME

OTHER INSURANCE NAME | SUBSCRIBER NAME | SUBSCRIBER DOB | SUBSCRIBER SS#

SUBSCRIBER NO. | GROUP NO. | GROUP NAME

REASON FOR VISIT:

IF DUE TO INJURY: DATE OF INJURY | WHERE INJURY HAPPENED | HOW INJURY HAPPENED

WORK RELATED ☐ YES ☐ NO | EMPLOYER'S ADDRESS | COMP. CARRIER | CLAIM NO.

Put me on your office informational mailing list ☐ yes ☐ no | EMAIL ADDRESS (OPTIONAL)

I authorize release of any medical information which may be requested by my insurance company concerning my present illness or injury. I authorize payment of any medical benefits to which I am entitled for services provided by Rucker & Merrick Plastic Surgery Clinic. I understand that I am financially responsible for any charges not paid by my insurance company I understand no claims will be filed with my insurance carrier/medicare/Medicaid for cosmetic procedures and that I am responsible for any costs associated with consultation or surgery.

I acknowledge that I have received the written Notice of Privacy Practices from Rucker & Merrick Plastic Surgery Clinic.

☐ THE PATIENT'S CONDITION PROHIBITS THE INDIVIDUAL FROM SIGNING AN ACKNOWLEDGMENT AT THIS TIME. IT WILL BE OBTAINED AS REASONABLY PRACTICABLE AFTER THE PATIENTS CONDITION IMPROVES.

☐ ACKNOWLEDGMENT WAS UNABLE TO BE OBTAINED. REASON:

PATIENT OR PERSONAL REPRESENTATIVE | DATE