

**PLASTIC SURGERY ASSOCIATES OF TULSA**

6585 SOUTH YALE, SUITE 1020, TULSA, OKLAHOMA 74136

PHONE (918) 481-2900 FAX (918) 481-2985

DAVID M. CRAIG, M.D.

STEPHEN M. PAULSEN, M.D.

PALMER R. RAMEY, JR., M.D.

**PATIENT INFORMATION SHEET**

PATIENT S FULL NAME \_\_\_\_\_  
first middle last

ADDRESS: \_\_\_\_\_  
street city state zip code

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ PAGER# \_\_\_\_\_ E-MAIL \_\_\_\_\_

SEX \_\_\_\_ MARITAL STATUS (Please Check) M\_\_ S\_\_ W\_\_ BIRTHDATE: \_\_\_\_\_  
AGE \_\_\_\_\_

PATIENT S EMPLOYER \_\_\_\_\_

GUARDIAN OR SPOUSE S NAME \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GUARDIAN OR SPOUSE S WORK PHONE # \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

PRIMARY INSURANCE COMPANY SECONDARY INSURANCE COMPANY

Insured \_\_\_\_\_

ID # \_\_\_\_\_

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

Nearest relative not living with you \_\_\_\_\_ Phone: \_\_\_\_\_

\*REFERRED BY: \_\_\_\_\_

First Last City Phone Number  
Were you injured on the job? yes \_\_\_\_\_ no \_\_\_\_\_ Date if injury: \_\_\_\_\_

Were you in an accident? yes \_\_\_\_\_ no \_\_\_\_\_ Date of accident: \_\_\_\_\_

**Authorization and Assignment**

I hereby authorize payment directly to PLASTIC SURGERY ASSOCIATES OF TULSA for services rendered, regardless of my insurance benefits, if any, and I understand that I am responsible for the fees of the services rendered.

According to Oklahoma House Bill 1012 which went into effect September 1991, medical information cannot be supplied to insurance companies or to State or Federal agencies without the following statement :

Please release a complete copy of my medical records including progress notes, laboratory results and x-ray reports. Such release may include information which may be considered a communicable or venereal disease which may include, but are not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

