

HANKINS & SOHN

Plastic Surgery Associates

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Henderson, Nevada 89074
702.897.1330 (office)
702.897.9449 (fax)
www.hankinsplasticsurgery.com

Patient Information:

Name _____ SS# _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Birth Date _____ Age _____

Occupation: _____ Employer: _____ Phone # _____

Email Address: _____ May we contact you via Email? _____

Personal Information:

Medical Conditions:

Drug Allergies:

Medications/Herbal Supplements /Birth Control:

How Did You Hear About Us?

Time frame of surgery you are interested in: (please circle one)

1-3 Months

3-6 Months

Specific Date/Time

Undecided

Cosmetic procedures you are considering:

What cosmetic procedures have you had?

Patient Signature (If minor, Parent) _____ **Date** _____

Print Name _____

Witness _____ Date _____

PAYMENTS AND DEPOSITS FOR ALL LASER AND COSMETIC PROCEDURES ARE NON-REFUNDABLE.