PSANJ
PLASTIC SURGERY ARTS OF NJ

Kevin T. Nini, MD, FACS
Certfiied, American Board of Plastic Surgeons

Philip D. Wey, MD, FACS
Certfiied, American Board of Plastic Surgeons

Naveen K. Ahuja, MD
Certfiied, American Board of Plastic Surgeons

Patient Information (and Update)

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ❑ M ❑ F Marital Status: _____ SS# _____ Birth Date: _____

Home Phone: (____) _____ Mobile: (____) _____ Business Phone: (____) _____

E-mail Address: _____

Referred by: _____

Primary Physician: _____ Address: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Employer: _____ Address: _____ Phone: (____) _____

Assignment of Benefits

I authorize and assign any insurance payments under my plan to be directly payable to PSANJ on behalf of my physician (Dr. Nini, Dr. Wey, and Dr. Ahuja). After reviewing this information, I am aware and understand that any charges not payable by my insurance carrier are the sole responsibility of myself and no other party. This includes, but is not limited to, coinsurance amounts, deductible and any uncovered expenses. In addition, I agree that by signing this agreement, "Signature on File" may be used in lieu of my actual signature.

Signature: _____ Date: _____

Has your insurance changed since your last visit? ❑ Yes ❑ No _____

Do you have secondary insurance? ❑ Yes ❑ No _____

List any drugs or medications you are allergic to: _____

Are you being treated for any medical illnesses /are there any changes in your medical condition? _____

_____

Current medications you are taking: _____

Are you a member of Brilliant Distinctions? ❑ Yes ❑ No _____

What concerns you now? (Please check all that apply):

Face

- ❑ Aging face
- ❑ Sagging neck skin
- ❑ Aging eyes
- ❑ Bags under eyes
- ❑ Rhinoplasty
- ❑ Lines around nose or mouth
- ❑ Volume loss in face
- ❑ Fine lines
- ❑ Brown spots
- ❑ Thinning eyelashes

Breasts

- ❑ Too small
- ❑ Too large
- ❑ Sagging
- ❑ Misshapen
- ❑ Uneven

Body

- ❑ Excess fat around abdomen / legs
- ❑ Excess fat around brastraps
- ❑ Abdominal fat / excess skin
- ❑ Excess hair
- ❑ Anything else? _____

_____