

# Tennessee Plastic Surgery

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## PLASTIC & RECONSTRUCTIVE SURGERY

**Patient Name:** \_\_\_\_\_

Plastic Surgery

Cosmetic Due to HIPAA (Health Insurance Privacy & Accountability Act) Regulations, we must ask you the following questions regarding your Protected Health Information.

Reconstructive

What phone number is the best for us to call with test results? **Please number in order of preference:**

Hand Surgery

Home: (\_\_\_\_) \_\_\_\_\_

Breast Reconstruction

Work: (\_\_\_\_) \_\_\_\_\_

Liposuction

Cell: (\_\_\_\_) \_\_\_\_\_

Body Contouring

Email: (\_\_\_\_) \_\_\_\_\_

Breast Enhancement

Does our office have permission to: (please circle one)

Facial Rejuvenation

1. Leave a message on your answer machine at home? **YES NO**

Botox Therapy

2. Leave a message or try to contact you at your place of employment?

Laser Skin Rejuvenation

**YES NO**

Office Surgery

3. Discuss your medical test results with any member of your household?

**YES NO**

If YES, then with whom?: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

4. May we call to remind you of an appointment? **YES NO**

MAIN/MAIL:  
COOL SPRINGS PROFESSIONAL PLAZA  
2001 Mallory Lane  
Suite 205  
Franklin, TN 37067  
(615) 628-8000 FAX (615) 628-8003



SMYRNA; NEAR STONECREST MEDICAL CENTER  
741 President Place  
Suite 250  
Smyrna, TN 37167  
(615) 628-8000 FAX (615) 628-8003