

Tennessee Plastic Surgery

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PLASTIC & RECONSTRUCTIVE SURGERY

Patient Name: _____

Plastic Surgery

Cosmetic

Reconstructive

Hand Surgery

Breast Reconstruction

Liposuction

Body Contouring

Breast Enhancement

Facial Rejuvenation

Botox Therapy

Office Surgery

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

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

Home: (____) _____

Work: (____) _____

Cell: (____) _____

Email: _____

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

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

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

YES NO

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 PHYSICIANS PAVILION
537 Stonecrest Parkway
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