

MIGUEL A. DELGADO, JR., M.D., F.A.C.S.

Welcome to our office. We are committed to providing you with the best quality care available. We encourage you to ask questions, let us know your concerns and communicate openly with us. Please assist us by providing the following information. All information is confidential and is released only with your written consent.

_____		_____
Name		Date
_____		_____
Street Address	City	Zip
_____		_____
Home Phone #	Work #	Cell #
_____		_____
Occupation		Date of Birth
_____		_____
_____		<u>yes / no</u>
Email Address	May we add you to our email list for special offers? <u>Yes/no</u>	May we contact you by phone or
mail at this address?		

Please check the procedures that you are interesting in discussing:

- | | | |
|--------------------------|----------------------|--------------------------|
| Abdominoplasty | Endoscopic Brow Lift | Liposuction |
| Breast Augmentation | Eyelid Lift | Nose Reshaping |
| Breast Lift or Reduction | Face Lift | Pinning of Ears |
| Chemical Peel | Facial Smoothing | Botox |
| Chin Implant | Hair Replacement | Skin Care |
| Collagen/Fat Injections | Laser Resurfacing | Repair of Facial Defects |
| Dermabrasion | Laser Surgery | Leg Vein Removal |
| Gynecomastia | Power Peel | Other- _____ |

Have you had any plastic or cosmetic surgery before? (If yes, please provide details.)

How were you referred to our practice? _____

Previous Patient: _____	Dr. Delgado's Website _____
Friend or Family: _____	Msn: _____
Google: Organic: _____ sponsored _____	Yahoo _____
Other: _____	Youtube: _____