

THE CENTER FOR COSMETIC SURGERY &



DEAN P KANE, MD, FACS, PA
LAURI P KANE, RD, MPH, SCD

EXECUTIVE CENTRE AT HOOKS LANE
1 RESERVOIR CIRCLE, SUITE 201 • BALTIMORE, MD 21208
DeanKane@DrDeanKane.com • www.DrDeanKane.com
410.602.3322

Patient Demographic Information

Today's Date: _____ Who or How were you referred?: _____

*Person, eBlast, Website, Google, Bing, MSN, Magazine, Newspaper, Seminar,
TV, Radio, Facebook / Social Media, Word of Mouth, other.*

Name: _____
First MI Last

Address: _____
Street Apt City State Zip

Preferred Contacts: Please circle how you wish to be contacted: **Home, Cell, Work, Text, email, Pharmacy** (see HIPAA Authorization)

Home: _____ Cell: _____ Work: _____

Pharmacy #: _____ / e-RX: _____

eMail: _____

SSN: _____ DOB: _____ Age: _____

Reason for Visit: _____

Employer Name: _____

With whom may we discuss your personal health information and medical care?

Emergency Contact: _____
Name Relationship Phone #

Medical Disclosure Contact: _____
Name Relationship Phone #

Other Disclosure Contact(s): _____
Name Relationship Phone #

Other Disclosure Contact(s): _____
Name Relationship Phone #

Current regulations demand the presentation and copy of 2 forms of identification both unique to the you. One form will required photo identification (Driver's License or Passport). Your best second form of ID may is your Health Insurance Card. If you cannot comply, all services will be provided with cash payment only.
For those individuals who require the use of another person's ID or credit information, current regulations demand that this individual be with you with all forms of ID. I trust you will understand the difficulties imposed upon medical practices today. Thank you for your understanding. Dean P. Kane, MD, FACS, PA

Above named Patient Signature (and Responsible Adult if under 18 years old)

Date

Demographic 101717