

## ABOUT DR. SAM GERSHENBAUM

Cosmetic and reconstructive surgery is where "art" and "science" blend to combine intuition, creativity and artistic sense with extensive surgical training, discipline and medical knowledge.

Dr. Gershenbaum is a Board Certified Plastic and Reconstructive Surgeon specializing in cosmetic surgery. He also has specialized training in reconstructive surgery for birth defects, traumatic injuries and deformities from cancer including microsurgery and breast reconstruction.

Dr. Gershenbaum is committed to fully educating his patients about their individual procedures and will spend the time necessary to discuss all possible techniques and alternatives. His goal is to provide exceptional and natural appearing results on a consistent basis. He is privileged to have a diverse patient base from all parts of the United States and from numerous countries around the world.

In his constant quest to insure that his patients receive the benefit of the latest technologies and advances in cosmetic and reconstructive surgery, Dr. Gershenbaum routinely attends seminars, training and continuing medical education courses.

### PATIENT INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LIC \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BY WHOM WERE YOU REFERRED? \_\_\_\_\_

#### **IF YOU WERE REFERRED BY THE INTERNET PLEASE CHECK ONE**

<input type="checkbox"/> <b><u>AVENTURACOSMETICSURGERY.COM</u></b>	<input type="checkbox"/> <b><u>IMPLANT.COM</u></b>	<input type="checkbox"/> <b><u>LOVEYOURLOOK.COM</u></b>
<input type="checkbox"/> <b><u>COSMETICSURGERY.COM</u></b>	<input type="checkbox"/> <b><u>LOCATEADOC.COM</u></b>	<input type="checkbox"/> <b><u>LOOKINGYOURBEST.COM</u></b>
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<input type="checkbox"/> <b><u>FACEBOOK.COM</u></b>	<input type="checkbox"/> <b><u>PLASTICSURGERY.COM</u></b>	<input type="checkbox"/> <b><u>GYNECOMASTIA.COM</u></b>
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<input type="checkbox"/> <b><u>PLASTICSURGERYIMPLANTS.COM</u></b>	<input type="checkbox"/> <b><u>PECTORALIMPLANTSONLINE.COM</u></b>	<input type="checkbox"/> <b><u>CALFIMPLANTSONLINE.COM</u></b>
<input type="checkbox"/> <b><u>BREAST-DOCTORS-DIRECTORY.COM</u></b>	<input type="checkbox"/> <b><u>BODYBUILDINGIMPLANTS.COM</u></b>	<input type="checkbox"/> <b><u>BODYBUILDINGIMPLANTS.COM</u></b>
<input type="checkbox"/> <b><u>BODYCONTOURINGIMPLANTS.COM</u></b>	<input type="checkbox"/> <b><u>COSMETIC COSMETICSURGERY.COM</u></b>	

REASON FOR CONSULTATION \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ ALLERGIES \_\_\_\_\_

MEDICAL HISTORY/PROBLEMS \_\_\_\_\_

RECENT SURGERIES \_\_\_\_\_

MEDICATIONS (INCLUDING VITAMINS & SUPPLEMENTS & ASPRIN LIKE MEDICATIONS) \_\_\_\_\_

DO YOU SMOKE \_\_\_\_\_ DO YOU DRINK \_\_\_\_\_ USE RECREATIONAL DRUGS \_\_\_\_\_ (NO SMOKING FOR AT LEAST TWO WEEKS PRIOR TO SURGERY)

WOULD YOU LIKE TO RECEIVE MAIL FROM OUR OFFICE? REGULAR \_\_\_\_\_ OR EMAIL \_\_\_\_\_

Signature of Patient or Responsible Party \_\_\_\_\_