



PLASTIC SURGERY

New Patient Email Intake Form

Date: _____ **Initials:** _____ **Appointment Date:** _____ **Time:** _____

Date of Birth: _____ **Surgeon:** Dr. Amita Shah Dr. Scott Farber

Patient Name: _____

Reason for Visit: _____

Cosmetic Consult Fee: \$100

Address: _____

Phone: _____ **Phone #2:** _____

I agree to receive texts for appointment reminders Yes No

Email: _____

Referred by: _____ (physician, Facebook, friend, website, etc)

Insurance: _____

ID#: _____ **Group#:** _____

Subscriber Name: _____ **Subscriber DOB:** _____

Secondary Insurance: _____

ID#: _____ **Group#:** _____

Please email completed form back to info@hillcountryps.com