Lynne J. Roberts, M.D.
Adult & Pediatric Laser Surgery
Cosmetic Dermatology

Patient Information

Referred by _____

Patient Name _____
FIRST MIDDLE LAST

Birth Date _____ Age: _____ Sex: _____ Marital Status S M W DIV SEP

Address _____City & State _____ Zip Code _____

Home Phone _____ Cell _____ E-Mail _____

Employer_____ Occupation _____ How Long Employed _____ Wk No _____

Address _____ City & State _____ Zip Code _____

Cell: ( )
Emergency Contact _____ (____) _____ Relation to Patient _____

Spouse's Name _____ Birth Date _____Cell Phone (____) _____

Employer _____ Occupation _____ How Long Employed_____

Address _____ City: _____ State:_____ Zip Code:_____ Wk No _____

If Patient Is a Minor:

Mother's Name _____ Birth Date _____ Address _____

City & State _____ Zip Code _____ Soc Sec Number _____

Employer's Address _____ Occupation _____ Wk No _____

Father's Name _____ Birth Date _____ Address _____

City & State _____ Zip Code _____ Soc Sec Number_____

Employer's Address _____ Occupation _____ Wk No _____

Person Responsible For Payment, If Not above _____

Please sign so we may have your authorization on file.

I authorize any holder of medical or other information about me to release any information from my medical record to any third party payee and to deal directly with any third party on my behalf to determine benefits.

In order to establish optimal relations with our patients and avoid misunderstanding and confusion regarding our payment policies, our staff is trained to consistently inform you of the financial policies of this office. PAYMENT IS REQUIRED FOR ALL SERVICES AT THE TIME THEY ARE RENDERED. We accept payment in the form of cash, check, Master Card, Visa, Discover or American Express. In the event of major procedures, our office will file the appropriate insurance. However, you will be asked to pay any unmet deductible, non-covered services and co-payments. Your signature below signifies your understanding and willingness to comply with this policy.

_____ _____
Signature of Patient, or Parent, or Responsible Party Date