

# Nouvelle Confidence

THE CENTER FOR COSMETIC LASER & REJUVENATION  
Kamran Khazaei, M.D FACOG, 812 North Wood Ave, Suite 201, Linden, NJ 07036

Date: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIPCODE)

Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

## Medication List:

(Please list any current medications on or in the last 30 days)

\_\_\_\_\_  
\_\_\_\_\_

## Pharmacy Name and Phone #:

\_\_\_\_\_

Do you have any drug allergies?: \_\_\_\_\_

Do you have an advanced directive: YES NO **ADVANCED DIRECTIVES ARE NOT FOLLOWED IN OUR CENTER.**

Emergency Contact: \_\_\_\_\_  
(NAME) (RELATIONSHIP) (PHONE #)

**I have received a copy of patients' rights and responsibilities.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Practice Financial Policy:

Unless other arrangements have been made in advance, full payment is due at the time of service; lipo-suction procedures are to be paid in full three weeks prior to surgery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_