

LA COSTA COSMETIC RETREAT
a Non-Medical Facility
Client Profile

Patient Information

Patient's Name _____ Age _____
Address _____
Home Phone _____ Cellular Phone _____
Family Contact Person _____ Phone Number _____
Date of Surgery _____ Dates of Stay _____

Surgery Information

Surgeon _____ Surgeon's Phone # _____
Surgical Procedures _____
Surgery Consultant _____ Nurse _____
Surgery Center _____ Time of Surgery _____
Approx Length of Surgery _____ Patient Pick-up Time _____
Next Day Appointment Time _____

Medical Information

List any current medical conditions _____
Routine Medications (not prescribed by surgeon) _____
Special Dietary Requirements _____
Medication Allergies _____ Food Allergies _____
Pet Allergies _____ Other Allergies _____

Payment Information

Please Circle Payment Type
 Visa Mastercard Discovery Check Cash
Credit Card Number _____
Name as it appears on the card _____
Expiration Date _____ Three Digit Code (on the back of card) _____

Additional Information

Please provide any additional information that will help us to better serve
you _____

Signature _____ Date _____