Laser & Cosmetic Surgery Specialists, PC
Ran Y. Rubinstein, MD
200 Stony Brook Court Newburgh, NY 12550
Telephone: 845-863-1772 . Fax: 845-839-2722

Patient's Name _____
First **Middle** **Last**

Address _____
Street & Apt # City State Zip

Home Phone _____ **Cell Phone** _____ **Other Phone** _____

Any restrictions for contacting you? ❒ No ❒ Yes **E-mail** _____

Contact Restrictions: _____

Age _____ **Birthdate** _____ **SS#** _____ **Gender** Female

Marital Status ❒ Single ❒ Married to: _____ ❒ Other: _____

Patient's Employer _____ **Occupation** _____

Work Phone _____ Ext: _____ **Is it okay to call you at work?** ❒ Yes ❒ No

Address _____
Street & Suite # City State Zip

How did you hear about Dr. Rubinstein? **(Mark all that apply)**

❒ Times Herald Record ❒ TV ❒ Phone Book ❒ Magazine ❒ Newsletter ❒ Seminar ❒ Salon ❒ Internet ❒ Poughkeepsie Journal

❒ Friend/Relative: _____ ❒ Doctor: _____ ❒ Other: _____

If you were referred by a specific person, may we thank them? ❒ Yes ❒ No
***** Address that we send thank you letter to: _____

Emergency Contact
(Not in your household) _____ Relationship to Patient _____

Home Phone _____ **Work Phone** _____ **Other Phone** _____

Areas of Interest: (mark all that apply)

Facial Plastic Surgery
- ❒ Blepharoplasty (Eyelid Lift)
- ❒ Brow or Forehead Lift
- ❒ Fat Transfer (injection)
- ❒ Facial Liposuction (Neck, Jowls)
- ❒ Face or Neck Lift
- ❒ Lip Enhancement
- ❒ Otoplasty (Ear Pinning)
- ❒ Rhinoplasty (Nose Reshaping)
- ❒ Scar Revision

Lunch Time Procedures
- ❒ Botox
- ❒ Wrinkle Fillers (Injections)
  - Juvederm - Perlane
  - Restylane - Radiesse
  - Sculptra

Other Procedures
- ❒ Lesions / Moles
- ❒ Repair Split Ear Lobes
- ❒ Thermage

Medi-Spa Services
- ❒ Skin Care
- ❒ Endermologie
- ❒ Laser Telangectasia (spider veins)
- ❒ Laser Hair Removal
- ❒ Laser (Photo) Facials
- ❒ PDT- Levulan Laser (Photo) Facials
- ❒ Leg Veins (Laser/Sclerotherapy)
- ❒ Chemical Peels
- ❒ Microdermabrasion
- ❒ Skin Resurfacing (Laser, Peel, Etc.)

I understand that office visit charges are payable on the day service is rendered.

Credit Card: **Amex** **MC** **Visa** Credit Card # Expiration Date: VCode:

Credit card billing address if different:

Signature _____ **Date** _____