



UPDATED Patient Paperwork
(please print clearly and fill out completely)

Last Name: _____ First Name: _____ MI: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____ @ _____ . _____

I would like to receive email offers and announcements from LVLL (please circle): Yes No

I would like to receive my appointment confirmations by (please circle): Call Text Email

Emergency Contact: (first and last name): _____

Phone: _____ Relation: _____

FINANCIAL POLICY:

Edward M. Zimmerman, MD, PC, DBA Aesthetic Revolution Las Vegas will accept payment by cash, money order, or credit card. We do not accept personal or bank checks. You must be paid and full at the end of each appointment.

Appointments with Dr. Zimmerman and Dr. Lee continue to require a \$100.00 deposit. The \$100.00 deposit is applied towards any treatment or product sold in the office, or your next appointment deposit. In the case of a no show, reschedule with less than a 48 hour notice, late cancellation, or late arrival, the \$100.00 deposit will not be applied/refunded.

Appointments with practitioners other than Dr. Zimmerman and Dr. Lee are scheduled with a \$50.00 deposit. In the case of a no show, reschedule with less than a 24 hour notice, late cancellation, or late arrival, a \$50.00 fee will be charged and collected prior to future appointments being scheduled.

A non-refundable 20% deposit is due at the time of booking a surgery date. Surgery must be paid in full two (2) weeks prior to the surgery date. A portion of monies collected may be refunded if surgery is cancelled one (1) week prior and we are able to fill the allowed time slot; otherwise, no refund will be issued.

Medical Records: Records released to the patient will be charged \$0.60 per page copied. Payment in full must be received before your records will be released. Please allow ten (10) working days for your records to be copied.

Lab Charges: Lab charges are NOT included in your office visit. Charges for any lab work done in the office will be billed separately by a local lab. You will be getting a bill in the mail from the lab. We forward all billing information to the lab for insurance processing or private billing. If you have any questions, please contact the lab that sent you the bill.

Radiology: Radiology charges are NOT included in your office visit. The office will obtain authorization for any radiology procedures that Dr. Zimmerman or Dr. Lee fees are necessary to your health care. It is ultimately your responsibility to confirm if the facility and procedure is covered by your insurance.

If you have any questions or concerns, please feel free to ask a staff member for clarification.

Signature: _____ Todays Date: _____

PATIENT UPDATED MEDICAL HISTORY:

Fill out this form to the best of your knowledge; please circle each answer and explain if necessary.

Have you had any new cosmetic surgery or treatments since your last treatment in this office? Yes No If so, what and when?
Were you happy with your results? Yes No Why not?
Have you had any new surgeries, medical conditions, or extensive dental work we should be aware of? Yes No If so, what and when?
Do you currently have any cold or flue like symptoms? Yes No what type?
Please list all medications, birth control, hormones, herbs, vitamins, and tonics that you are currently taking:
Do you have any new allergies or sensitivity to any medicine, food, cosmetics, adhesive tape, or iodine products? Yes No What?
Do you have or have you been exposed to Hepatitis A, B, C, or AIDS/HIV? Yes No
Do you have any problems with your heart or blood pressure? Yes No What?
Have you ever fainted? Yes No When?
Do you have any problems with anxiety or depression? Yes No