Regina L. Rosenthal, M.D., Inc.
3803 S. Bascom Avenue, #206
Campbell, CA 95008
(408)559-4700

Welcome and thank you for choosing our office. In order to serve you properly, we kindly ask that you provide us with the following information. Please print clearly. All information will be held strictly confidential.

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Check Appropriate: ❒ Mr. ❒ Mrs. ❒ Ms. ❒ Miss ❒Dr.

Address: _____ City: _____ State: _____ Zip: _____

Contact Information: Please check the best method to communicate with you.
❒ Home: ( ) _____ -_____ ❒ Work: ( ) _____ -_____ ❒ Cell: ( ) _____-_____

❒ Email Address: _____

Have you been seen by Dr. Rosenthal: ❒YES ❒NO if so, when were you last seen? _____

How did you hear about Dr. Rosenthal? Please list all that apply.

❒ Google	❒ Yelp	❒ Facebook	❒ Twitter	❒ smartbeautyguide.com
❒ Metro	❒ Yellow Pages	❒ Word of Mouth	❒ Walk-In	❒ surgery.com
❒ Liposuction.com	❒ Plasticsurgery.com	❒ faboverfifty.com	❒ implantinfo.com	

❒ Past Patient (Please list name of patient): _____
❒ Physician Referral: _____ ❒ Other Source: _____

Reason(s) for today's visit:

❒ Breast Augmentation	❒ Correction Protruding Ears	❒ Liposuction
❒ Breast Implant Exchange/Removal	❒ Eyelids	❒ Rhinoplasty (nose)
❒ Breast Reduction	❒ Face/Neck Lift	❒ Scar Revision
❒ Breast Lift	❒ Forehead Lift	❒ Skin Resurfacing/ Skin Care
❒ Botox/Injectable Filler/Kybella	❒ Fullness of Eyelashes	❒ Tummy Tuck
❒ Chin	❒ Hand Rejuvenation	

Employer: _____ Occupation: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Spouse/Partner Name: _____ Employer: _____

Occupation: _____ Work #: ( ) _____

Emergency Contact Person: _____ Relationship: _____

Contact Phone #: ( ) _____ or ( ) _____

Authorization to Release Medical Records

I consent to the taking of photographs pre-operatively, intra-operatively and post-operatively for documentation and patient/doctor education. This is not an authorization to publish photos on our website or in our photo books. A photocopy of this authorization is as valid as the original.

Authorized Person's Signature: _____ *Date:* _____

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the
Medical Board of California
800-633-2322
www.mbc.gov

I understand that Dr. Rosenthal is licensed and regulated by the Medical Board of California

Authorized Person's Signature: _____ *Date:* _____